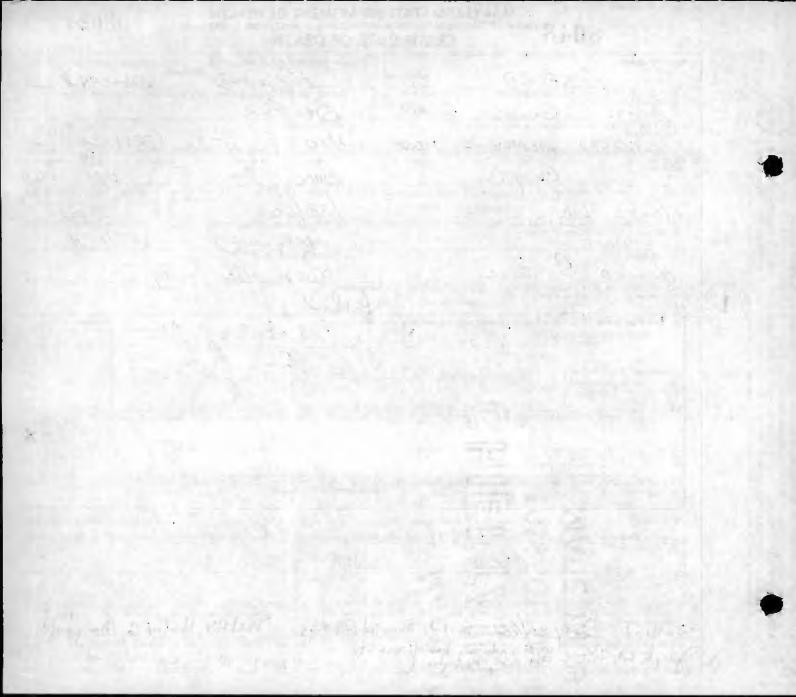
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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH 8048 CERTIFICATE OF DEATH

CERTI	ICAL OF BLATT
1. PLACE OF DEATH O. COUNTY MAD	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MAKEUNI	MEGIFIED HATEROYS-
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAVRE DE GRACE 1211K	J. BEL AIR
d. NAME OF HOSPITAL (If not in haspital, give street address)	4 STREET ADDRESS
OR INSTITUTION	ON A FARM?
MARFORD HEMORIAL HOS	SP 410 FOUNTAIN ORZENHES INOU
3. NAME OF DECEASED First A Middle	e lost 4. DATE Month Do Year
(Type or print) LORBIT DOM	BALL DEATH July 28 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	
11	last birthday) Months Doys Hours Min.
MALE WIDOWED DIVORCE	10060
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
INFANT	MARYLAND 45A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The state of the s
MAROLD F. BALL	NUTH FIND LANG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [1] [If yes, give war or dates of service)	D. 17. INFORMANT Address
No (17 yes, 5 we war or delete or service)	L Late
	INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	mus 1 co-comos german
DLI E DUETO 7	
Conditions, if any, which) (b) Turnylun	I Marsh Munt.
gave rise to immediate	- Office of the state of the st
cause (a), stating the under-	
lying cause last. (c)	₿
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TA	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
□ OR CONTRIBUTING □ CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, affice bldg., etc.) !
Hour a.m. While Not while at work at work	raciory, area, arrest blug, etc.)
	5/1/11/5/11/11
21. I certify that (I) (this hospital) attended the deceased	I fram
saw the deceased alive and	d that death accurred at AM, from the causes and an the date stated above
22a. SIGNATURE	22b. DATE
MARin	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEN	METERY OR CREMATORY 23d. LOCATION (City, lawn, or county) (State)
REMOVAL (Specify) Quel 20/60 Rd Q-1	nenorlal Gardes: Rel Air, Harford C. Manyland
2) FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
FUNERAL DIRECTOR'S SIGNATURE W. Broadway ADDRESS !!!	PMS ST
Maryland Bel Air, Maryland	DATE AUG 1 '60 arthur S. House
2 17/11/2/12/	
20/1//XV/	



hours after death. Page

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O HOSPITAL

And the transfer of the later o 5 7 6 7 7 7 Phillips - 1522 TARLE CO. ASSESSMENT AND SOME a the gala and the last with (±14.5 . daniel . talent To be the market of the state of - Mest reversely MANUAL TO THE PARTY OF THE PART resident representation of the second Vision of the second and the second s and the second of the control of the and the same of th . HOTEOS

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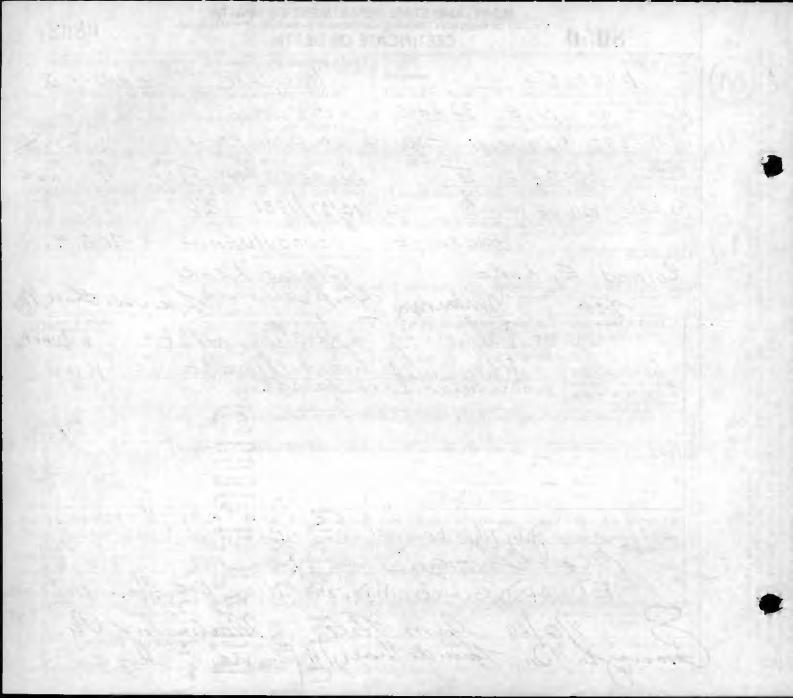
TO COMPLIANT AND THE MEAN PARTY OF THE ACTION OF THE ACTIO HTATE OF DEATH And the second of the second o TO FUN . DIRECTOR: After this certificate has been signed by the attending physician and completely fill ... by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban appers. Pages baid 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hour, after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	8051) DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	08027
1	PLACE OF DEATH a. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE MARYLAND b. COUNTY HAR	ence before admission) ARFORD
	b. CITY OR TOWN (If autside corporate limits, write RURAL and RURAL and give nearest tawn).	give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HARFORD HEMOCIAL HOSP, 29 ARMSTRONG	e. IS RESIDENCE ON A FARM? YES NO
3	(Type or print) MARGIE J BOWSER DEATH JULY	7 19 6C
5	SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lay buthday) Manths 12/27/1931 9. AGE (In years lay buthday) 12/27/1931 9. AGE (In years lay buthday) Manths 12/27/1931 9. AGE (In years lay buthday) 12/27/1931 9. AGE (R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	during most of working life, even if retired) HOUSEWITE PENNSYlvAniA	W.S.A.
1	Roland E. LUKE Gladus LEAR	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Press, give wor or dates of service) Mushum Addyess	Le Than, M
	18. CAUSE OF DEATH [Enter only one cause for Ine 60 (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under: lying cause lost. (c)	INTERVAL BETWEEN ONSET AND DEATH IN THE PROPERTY OF THE PROPER
1400440141	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1414040		
1	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED Hour o. m. Power in the control of t	(County) (State)
	saw the deceased alive an Auto 7th 80 60 and that death accurred at 11 5M, from the causes and an the	
_	220. SIGNAFORE COOR COM M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	7 8 60 DATE SIGNED
	12c. PHYSICIAN'S NAME (Type) EDWARD C. LOO, M.D. 211 N. Ulman Ave, Ha	vre de Gra
2	30. (BURIAL) FREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or conney)	Partate! W
(2)	4. FLATERAL DIRECTOR'S SIGNATURE Dan Have de Gracy 1250, REC'D BY REGISTRAR 256, REGISTRAR'S S	8. Kraud



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 8051 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2dAYS RACE the NAME OF HOSPITAL (If nat in hospital, give street address); d STREET ADDRESS OR INSTITUTION tosPITO PMORIA NAME OF DECEASED 4. DATE Middle DECOR (Type or print) campletely fills 9. AGE (lif years last birt/day) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7-MARRIED NEVER MARRIED 8. DATE OF BIRTH ears Months WIBOWED. DIVORCEDугз. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion quave 17-3NFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending ě ony CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED 8Y MMEDIATE CAUSE (a) ___ DUE TO Conditions, if any, which hos been signed gave rise to immediate DUE TO couse (a), stating the underlying couse last buriol-transit PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILD 19. WAS AUTOPS 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE GOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m detached for 21. 1 certify that (1) (this haspital) attended the deceased fram Jacques 19_65, that (1) (we) last 60 and that death occurred of saw the deceased alive on. AM, from the couses and on the date stated above DIRECTOR: 22a. SIGNATURE ATTENDING PHYS MED DIRECTOR STAFF PHYS M.D. oined 22c PHYSICIAN'S 22d ADDRESS NAME (Type) page 35 the State nay be FUN BURIAL GREMATION- 236 DATE THEREOF OF CEMETERY OF CREMATORY 23d LOCATION (City, fown, or county) REMOVAL-(Specify) 9 24. FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15/141 arthur S. France

(181)28

Day

Days

(County)

. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO |

(Stote)

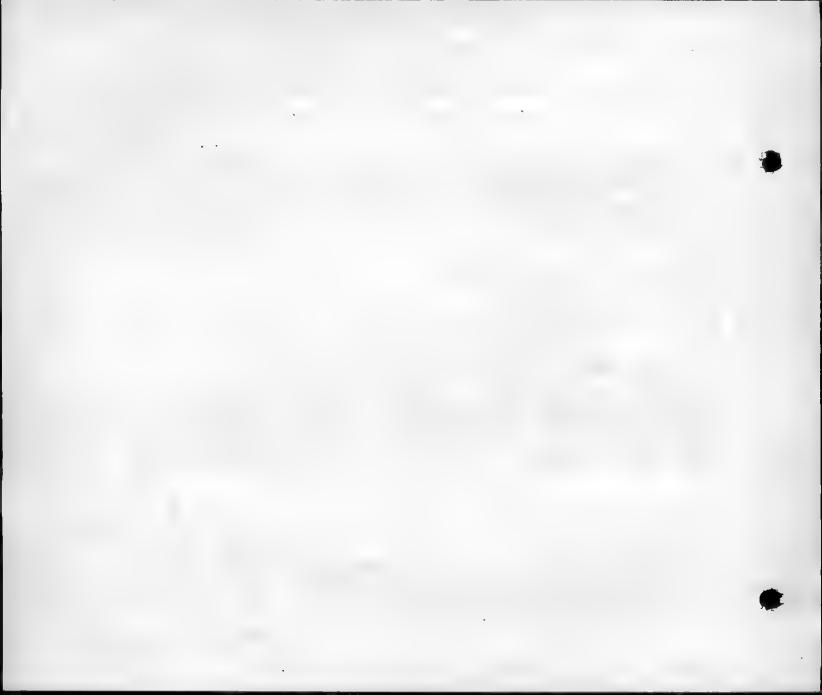
22b DATE SIGNED

(State)

ON A FARM?

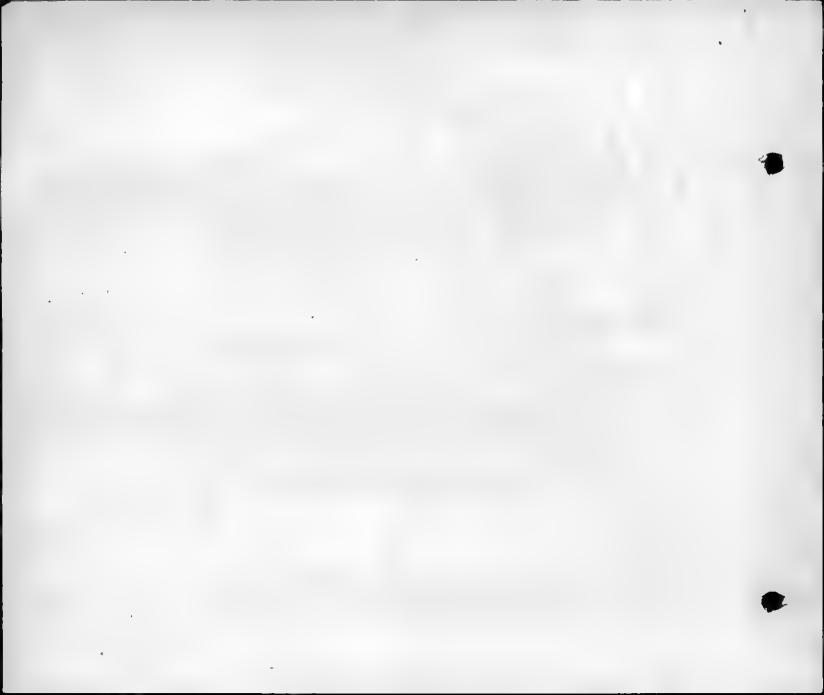
YES NO

Year



8069 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b.** COUNTY MARYLAND funeral b. CITY OR TOWN Ilf outside corobrote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAl- and give nearest lown) should d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MONKTON YES NO NO NAME OF Middle 4. DATE Month Day Yeor DECEASED OF (Type or print) DEATH 1960 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months Doys Hours DIVORCED [WIDOWED D popers 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MODKION attending 18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET'AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO Conditions, if only, which Bued gave rise to immediate **DUE TO** cause (a), stating the underiosclaratio Hours Qc. **!-fransit** lying couse lost PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED [County] (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work 21. I certify that I attended the deceased from Lassages 4. 19.5.5, to 27. 14/4, 1960, that I last saw the deceased and that death accurred at 3 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BULLIA 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) **'80** 15M 10/57

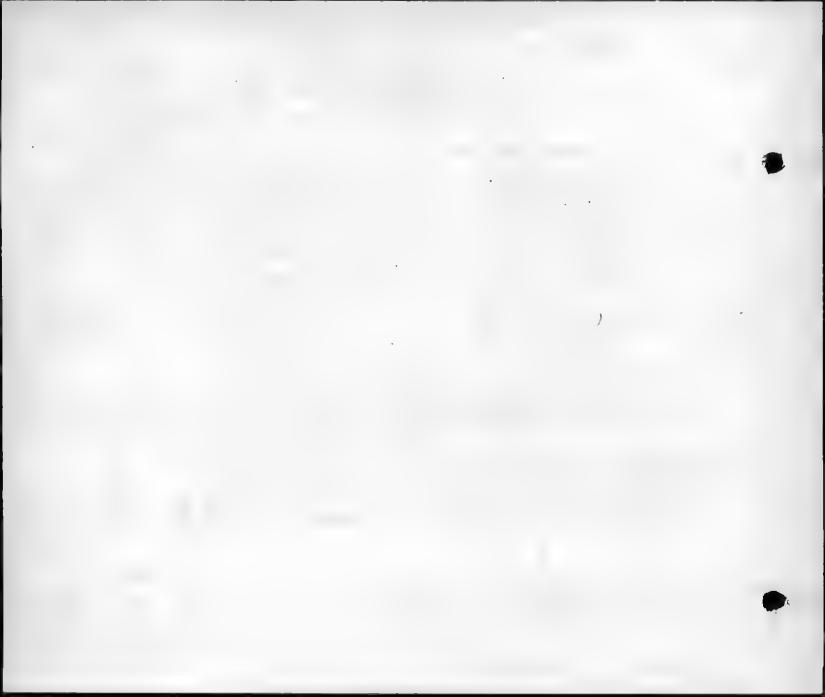
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



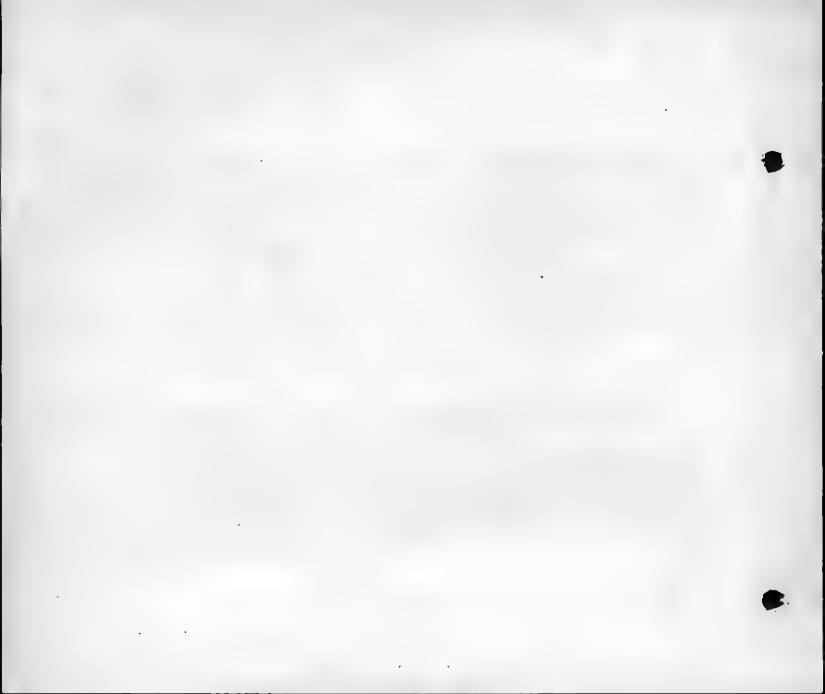
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

			UVA.	4.							
		PLACE OF DEATH D. COUNTY	Na	rford	MAR	YLAND	o. STATE	Where deceased	lived. If institution b. COUNTY	n: Residence b	1
	Ŀ	CITY OR TOWN	negrest town)	orgie limits, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN (I	f phiside corpor	1 1	RAL and give	mearest town)
		a	rerd	een	of yeur	ne	_ (ver	deen		_
		OR INSTITUTION	PITAL (If not in I	haspital, give stree	t address)	, 1	d STREET ADDRESS	1/		11	e. IS RESIDENCE ON A FARM?
			2/5	Vanov	er street	1	. 27	v+a	norev	XII.	YES NO 1
		Type or print)	no	rm an	Middle C	,	Christy	4. DATE OF DEATH	Mont		Boy Year 30 1960
	5. S	male	6 COLOR C		RRIED NEVER MARR		Date of Birth Rice. 27	1900	9. AGE (In years last birthdoy) 5 9 yrs.	Months Doy	FAR IF UNDER 24 HRS ys Hours Min.
	10a.	during most of w	orking life, even	if retired)	KIND OF BUSINESS	OR INDUSTI	11. BIRTHPLACE (Sto	nte or foreign co	muntry)	12. CITIZEN	OF WHAT COUNTRY?
	13.	FATHER'S NAME	man		1		14. MOTHER'S MAJOEN	NAME	,,,,,		71,01001
		/	3 0000		C. Lace	1	mo	chel.	O La	17.1	
		WAS DECEASED E		MED FORCES? 10	S. SOCIAL SECURITY NO	D. M. INFO	DRMANT	1	Addr	ess	
}	{Yes	i, no, ar unknown)	(If yes, give wor	or dates of service)		m	N. Edwa	ne 3/1	lland,	Blan	ede Gra
					line far (a), (b), and (c)	-]					NTERVAL BETWEEN
		PART I. D	EATH WAS CAL	ISED BY: CAUSE (o)	Sund Abs	cess					
		493	3 1	DUE TO	5						
_		Canditians, if		(b).							
		gave rise to cause (a), statin		DUE TO							
		lying couse las		(c)	neumon	19					
	NO.	PART II. C	THER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DI	ATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(c	19. WAS AUTOPSY PERFORMED?
	CATION										YES NO
	CERTIFI	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYII NG □ CAUSE O FY MEDICAL EX	F DEATH!	SCRIBE HOW INJURY (OCCURRED.	(Enter nature of injury i	in Part I ar Part	II of item 1B.)		
	S	20c. TIME OF INJ		Doy, Year 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	orm, 20f. (City	ar town)	(Cour	nty) (Stote)
	MEDICA	Hour o, m		19 While	e Nat while	Tocio	ry, street, affice bldg., e	erc.)			
	-			haspital) atter	nded the deceosed	from	Vau 28	19 60 , to	7/30	1960	that (1) (we) last
		sow the dece	1	man 8 Mar.	219 60, and	that de	oth occurred of 3				
	1	220 SIGNATURE		~ 0	1 0						22b, DATE
		74	eorge	1. 25	tansbury	/_ M.	D. PHYS	MED.	STAFF PHYS		7/30/60
1		22¢ PHYSICIAN'S NAME (Type				7	22d ADDRESS S	69 Revi	olution 5	troot	
		(4)00	Teors	se/.	Stansbur	4	7	Haure o	de Gross	Md.	
	230	BURIAL, CREMAT	ION, 23b. DA1	N-THEREOF	23c NAME OF CEN	AETERY OR	CREMATORY	23d, LOÇAT	ION (City, town, o	r county)	(Stote)
		REMOVAL (Specif		3-60	Grion	mill	which Cem	. at	erdeen	Harfo	nd Co. ma
A,	21	FL MERAL DIRECTO	R'S SIGNATUR		ADDRESS 53	562	- No. of the last	C'D BY REGIST		TRAR'S SIGNA	NTURE
	1	Lteles	4 13	ullock	Havred	L 8)	cace, Ind DATE!	AUG 2 '6	0 an	Chun S. 10	cause



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8052 **CERTIFICATE OF DEATH** Rea, Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY MARYLAND **b.** COUNTY CITY OR TOWN (If outside carporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURA! and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES I NO E NAME OF First 4 DATE Middle Lost Year (Type or print) DEATH 22324 19 5.. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs WIDOWED PI DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? paring most of working life, even if retired) Verese 13. FATHER'S NAME 14 MOTHER'S MAIDEN SIAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS PERFORMED? YES 🔲 NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work D. m. 21. I certify that I attended the deceased fram. ., 19.05 that I last saw the deceased alive an DIRECTOR: ņ DATE SIGNED ACTUAL SIGNATURE prior 0 PHYSICIAN'S NAME (Type) FUNE 220 BURIAL EREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) page REMOVAL (Specify) 0 23. FUMERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **VS A15 (4)** 15M 10/57



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4

DEUN DIRECTOR: After this certificate has been signed by the attending physician and completely fillipage 3 5°50.1d be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer death.

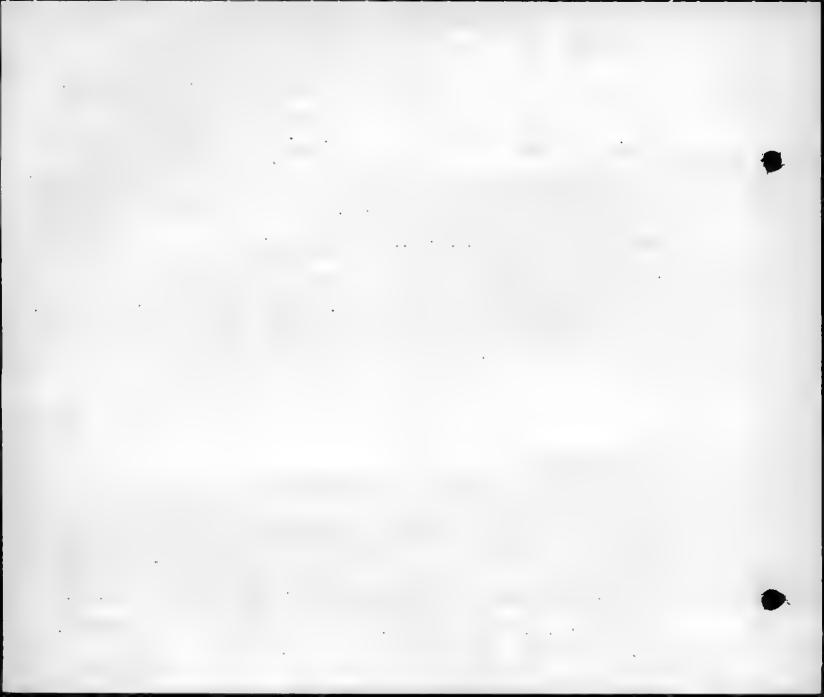
ained by the haspital ar attending physician.

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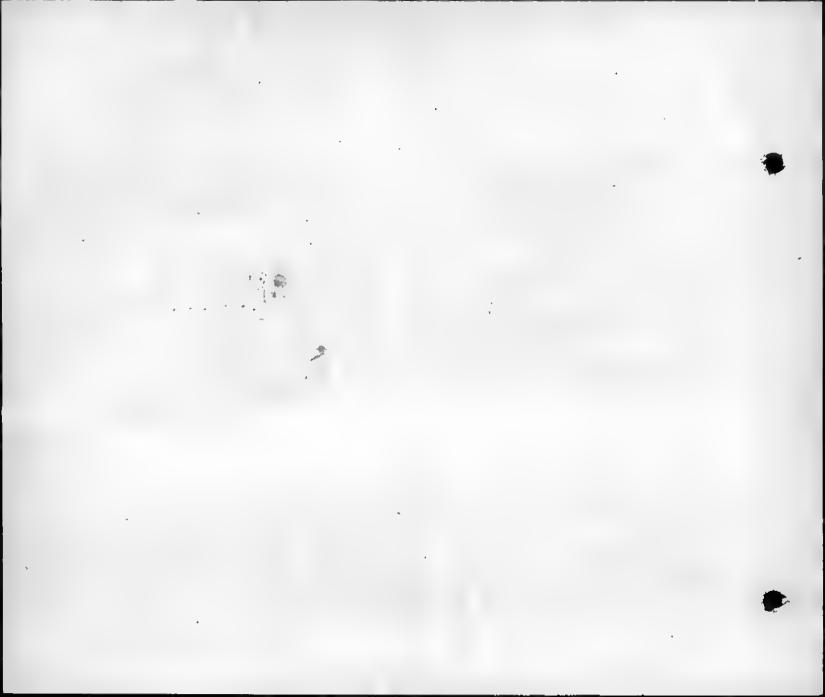
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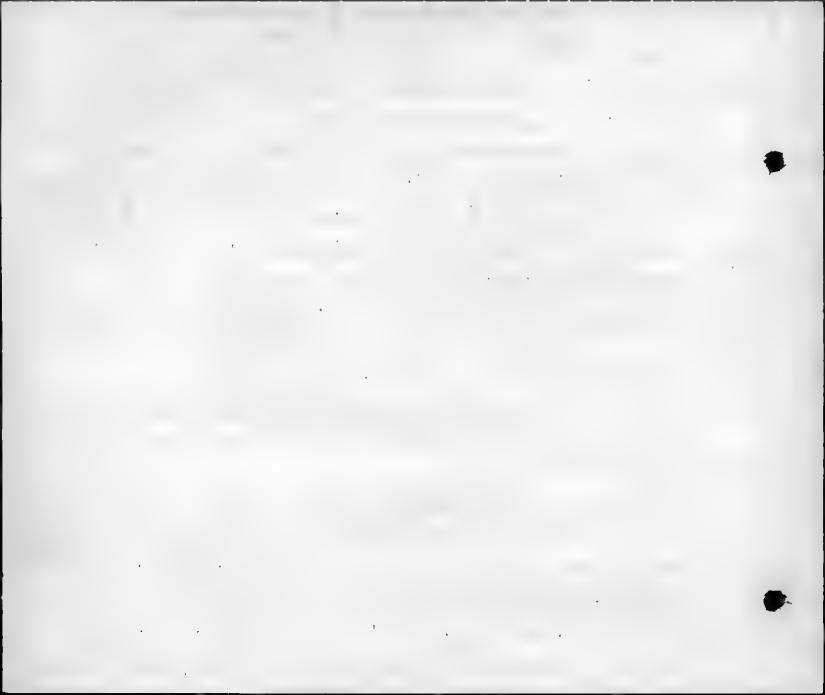
by the funeral of

1. PLACE OF DEATH 0. COUNTY HARFORD	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived If institution	on Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest town)
HAURE SE GRACE	8 DAYS	1JOPPA		
d NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	ddress)	d STREET ADDRESS	1 . 1	e. IS RESIDENCE ON A FARM?
HARFORD MEMORIAL	HOSP.	, Kt 2	DOX 829	YES NO T
3 NAME OF DECEASED (Type or print) Richard	Middle	DORAN Sr.	DATE OF JUL	The Day Year Year Y 20 1960
5 SEX 6 COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years fost birthday)	Months Days Hours Min.
MAIE WhitE WIDOWED		Jan.23,1888	72 yrs.	Months Days Hours Mills.
10a. USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole o	r foreign country)	12 CITIZEN OF WHAT COUNTRY
	U.S. Govt.,	PENNSYI	VANIA	4.3.77.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
KICHARD WORA	n	Rosanna Ka		
Yes, no, or unknown) [If yes, give wer or dates of service]		IFORMANT	Add	
		arl A. Doran		Joppa Maryland
18. CAUSE OF DEATH [Enter only one cause per time PART I. DEATH WAS CAUSED BY:	for (o), (b), and (c)	1 anguenos	0	ONSET AND DEATH
IMMEDIATE CAUSE (o)	eterral	Caso Call	cecaa	41 8 2003
DUE TO 11	and Tone a	in PI	& lead an	0 64
Conditions, if ony which gove rise to immediate	11-11			1
lying couse lost. DUE TO Lying couse lost.	12 Concos	clarolic	CV Www	east after
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of item 1B.)	·
ă l	f.	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
Nour o.m. While of work	LADE MULIG	in the state of th	1	
21. I certify that (I) (this hospital)-attende	ed the deceased fram	7-12- 196	0,10 7- 20	19. 6.0 , that (I) (we) los
sow the deceased alive and culy 1	2 19 6 c, and that a		M, fram the causes on	d on the date stated above
220 SIGNATURE Calplily	In the	ATTENDING MFI		225 DATE S GNE J 11 V. 20.1960
22c physician's NAME (Type)		22d. ADDRESS		
J. Ralph Horky		Chur	chville, Harf	ord Co., Md.,
23a BURIAL CREMATION 23b DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town,	
REMOVAL (Specify) Burial July 23 27960	Trinity Luth	eran	Joppa, Harfo	rd, Maryland.
24 JUNERAL DIRECTOR SUSIGNATURE	ADDRESS		BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
MATITALA 1 ULICONIL	Morngo	OII, MAI YLAIIU.	1 25 60	1 -1 0 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 08033 **CERTIFICATE OF DEATH** director, within 24 hours after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND the funeral a CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest towal d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF Middle DATE Month Day Year DECEASED death. (Type or print) DEATH 19 证 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours DIVORCED WIDOWED N JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 6 00 A EORGE remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 14. SOCIAL SECURITY NO. attending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO ģ Conditions, if ony, which B≡ed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES INO K 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) LIF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year (County) (Slote) foctory, street, office.bldg., etc.) Hour O. III While at work at work 21 I certify that (I) (this haspital) attended the deceased fram _1960, and that death accurred at RPM, from the causes and an the date stated doave saw the deceased alive an DIRECTOR 220 SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) page 3 the State 230, BURIAL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) TO FUN REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATU ADDRESS 25g REC'D BY REGISTRAR arthur S. Kraus VR A1S (4) 15M 9/59





VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH	I-BA	LTIMORE	, 18

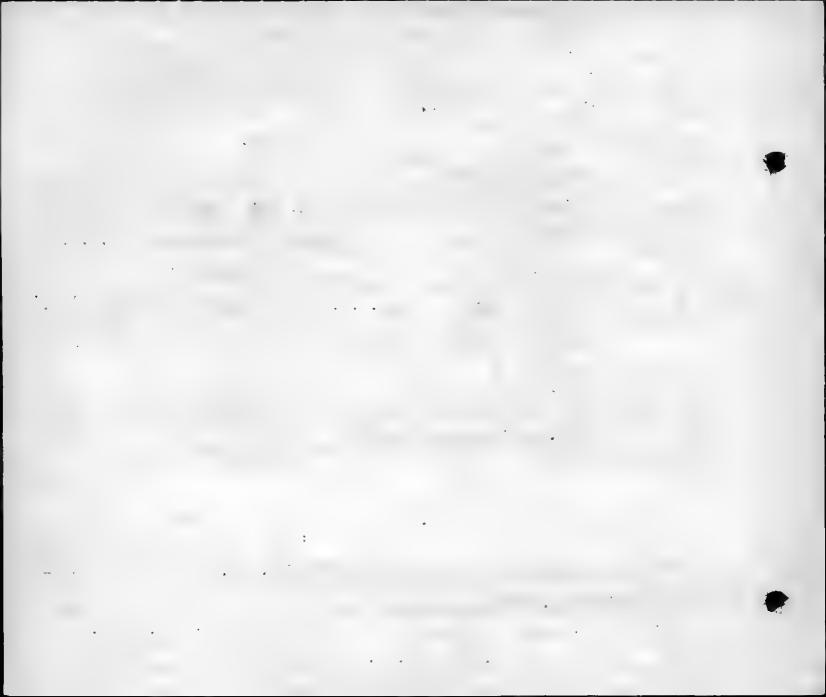
8071

CERTIFICATE OF DEATH

08035

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Haryland b. COUNTY Bal	timore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Rural — Bel Alr 18 mos.	c. CITY OR TOWN (If outside corporate limits, write RURAL and a Towson 4	give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Harford Convalescent Home	d. Street Address 218 Ridge Avenue	e 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BEULAH First ALICEMARY.	GOETZ 4. DATE Month OF DEATH JULY	22 1960
5. SEX 6. COLOR OR RACE White NOWED DIVORCED	October 21, 1884 OK? 5. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker Home	Maryland Pennsylvania	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Gloucester Morrell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117.	Harriet Klingensmith	
(Yes, no, or unknown) t (If yes, give war or dates of service)	W	eaton. Md. idge Ave.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)		INTERVAL BETWEEN ONSET AND DEATH ??
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Chr. cardiovascular dise 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1 (a) 19. WAS AUTOPSY PERFORMED? YES NO T
	ED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not white p. m. 19 of work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (Coctory, street, office bldg., etc.)	County) (Slote)
ACTUAL Willand P. Hudson	h occurred at 5130a M, from the causes and on the ADDRESS (Street, city or town, state) M.D. Forest Hill, Id.	ast saw the deceased to date stated above DATE SIGNED 7-22-60
PHYSICIAN'S NAME (Type) Willand P. Hudgen	******	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C BURIAL 7-25-60 Prospect	DR CREMATORY 22d. LOCATION (City, lown, or county) Brackenridge, P	(Stote)
33. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brooks, Funeral Service, Towson4, N	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	GNATURE



VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	18

8044 CERTIFICATE OF DEATH

Reg. Dist. No. (135)

1. PLACE OF DEATH o. COUNTY MARYLAND						USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) D. STATE D. COUNTY								
	Hantond						Maryland Baltimore							
6 C	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c CITY OR TOWN (If autside corporate limits, write-RURAL and give nearest town)							
	Bel Ai	r, Md.		3 yrs. 7 h	fo.	H	rde s		* .			14		
d. h	NAME OF HOSPIT	TAL (If not in hospital, g	ive street	address)		d. STREET	DDRESS					e. IS RES	SIDENCE A FARM?	
Harford Conviescent Home Rt. 1 Box 73										NO X				
3. NAI	ME OF CEASED	Fie	st	Middle		lo	d	4. DATE	Mai	nth	Do	у	Year	
	se or print)	Florer	ica	B.		Huber		OF DEATH	July		6.		19 60	
5. SEX		6 COLOR OR RACE	7. MARE	RED NEVER MARRIE	рΠВ	. DATE OF BIRT	Н		9 AGE (in years	IF UNDER				
F	emale	White	WIDOWI			April 2	8. 186	57	last birthdoy)	Months	Doys	Hours	Min,	
10a, U	SUAL OCCUPATION	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR						12 CII	IZEN O	F WHAT	COUNTRY?	
du		king life, even if retired		Ada Trama		l am	vland	· ·			***	- 4		
13 FAT	Homemal	Kel.		At Home		14. MOTHER'S	V	AME				SA.	-	
10. 17.	_					I . MOTHER .								
		hn H. Willi			1		Anna	Redd						
[Yes. no.	as nurvons)	R IN U. S. ARMED FOR (If yes, give wor or doles of se	CE25 16.	SOCIAL SECURITY NO	17 IN	FORMANT			Add	ress				
N	10			None		Record	s of	Harfor	rd Convl	scen	t.Ho	me.		
19	CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]							LINTE	RYAL BE	TWEEN	
	PART I. DEA	TH WAS CAUSED BY	Cor	onary Ocelu	eior	tarmir	natina	Cha	ronic_Ca	-25	I ON 3	ET AND	DEATH	
	1236	_ DUE TO				1-091 1111	ia viris		CONTRACT CASE	LO TO-				
١,	Conditions, if o			Vocanian F	M									
	pove rise to i	m mediate [Vascular I	JISE	158.					+-			
	ause (o), stating			1.3								2		
<u> </u>	ying couse lost.) (c		Advanced 0							.1	6		
힐	PART II. OTF	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT !	NOT RELATED TO	THETERMI	NAL DISEASI	E CONDITION GI	VEN IN PAR	T 1(0) [PERFC	DRMED?	
5												YES 🗌	но 🗓	
0 (IF	ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED	, {Enter nature o	of injury in P	Port For Part	II of item 1B }					
1-4	. TIME OF INJUR	Y Month, Day, Yes	r 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY	Hame, form,	20f (City	or fown)	16	Countyl		(State)	
8	Hour o. m.	19	While	Not while	fact	ory, street, offic	e bldg., etc.)	·	,	,,		(0.0.0)	
100	p. m.		at wor			. ~/								
[21	I. I certify th	at I attended the	deceas	ed from Nova										
01	live on_ <u>되고</u>	<u>ly 4, </u>	_, 1일_	_6Q_, and that (death	occurred at	5:00A		the couses	and an ti	he da	te state	ed above	
		1100	\wedge	0111	r)			ADDRESS (SA	reel, city or lown,	slate)		D.	ATE SIGNED	
SIC	GNATURE	Jellan	D	NASSA	200	d F	orest	Hill.	Md.		7/6/	60		
	IYSICIAN'S			/		Name of the last o		·						
	AME (Type)	Willard P.	Hud	son M.D.			Fores	t Hill	2	Maryl	land		the standard standard and remain	
	IRIAL CREMATO		F	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCAT	ION (City, town,	or county)		(Stol	e)	
B	EMOVAL (Specify)	7-9-1960		St. John	Bs E	piscopa	1.	,	Kingsvil	le.	Md.			
23. FUN	NERAL DIRECTOR	S SIGNATURE	, ,	ADDRESS	0	^ /		BY REGIST	RAR 246 REG	STRAR'S SIG				
XO	Makes	tunional Z	mo	7401 B.	lau	· All	DATE	THE 8	'60	سائاس	7 2. 1	house		
					المركب المركب والمراس	and the second								



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1b FilmG267 7-28-60 et CERTIFICATE OF DEATH 080578072 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RUBAL and give nearest town in wood 7/M/M/LGY /## ///h D W 00 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO ICT 3. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED IX DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 10 k man 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DÉCEÁSEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RUCO-RE 30485 DUE TO Conditions, if only, which gove rise to immediate **DUE TO** couse (a), stating the under-(310 hvi) of BLADER lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? DUANGED HRIGHIO SCHEROSIS YES TO NO TH 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg . etc.) g. m. While Not while of work of work V 647 1950 that I lost saw the deceased 21. I certify that I oftended the deceased from 1/ 5% 7 olive on 18 ULL and that death occurred at 11.20 M from the causes and on the date stated above ADDRESS (Street, city or town,, state) # ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) TO FUN (State) REMOVAL (Specify) 29: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Chillian & Thomas DATE THE 15M 10/57



	8073 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
M	PLACE OF DEATH O COUNTY A P C R D MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) NOR RISVILLE d NAME OF HOSPITAL (If not in hospital, give street address)	2. USUAL RESIDENCE (Where deceased fived. o. STATE b. c. CITY OR TOWN (If outside corporate limit APPIS VILLE d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
100 110 113 113 113 113 113 113 113 113	NAME OF DECEASED (Crype or print) SEX 6. COLOR OR RACE MALE WHATE WIDOWERD DIVORCED JUSUAL OCCUPATION (Give kind of work done douring most of working life, even if retired) ARMER FATHER'S NAME TO BERT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TULY 5 1876 8	Month Day Year (In year IF UNDER IYEAR IF UNDER 24 HRS irthday) Months Doys Haurs Min. 12. CITIZEN OF WHAT COUNTRY: 21. S. A. Address OF The Way Address of The W
novol, and in any event within 72 hauts	If yes, give wor or dates of services) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. [c)	Schroin	INTERVAL BETWEEN ONSET AND DEATH 15 Mm -15 Mm
prior to buriol, cremotion, or remo	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PL	. 11 11	(County) (State) 1960, that I last saw the deceased uses and on the date stated obove
9	PHYSICIAN'S NAME (Type) O. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 7/23/1960 BETHEL FUNERAL DIRECTOR'S SIGNATURE NAME OF CEMETERY OF BETHEL ADDRESS HALLS E. Just Jarrettsvelle	MADON	ly, lown, or county) (Stote) (NH MD) Reb. REGISTRAR'S SIGNATURE Collins & Houre

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



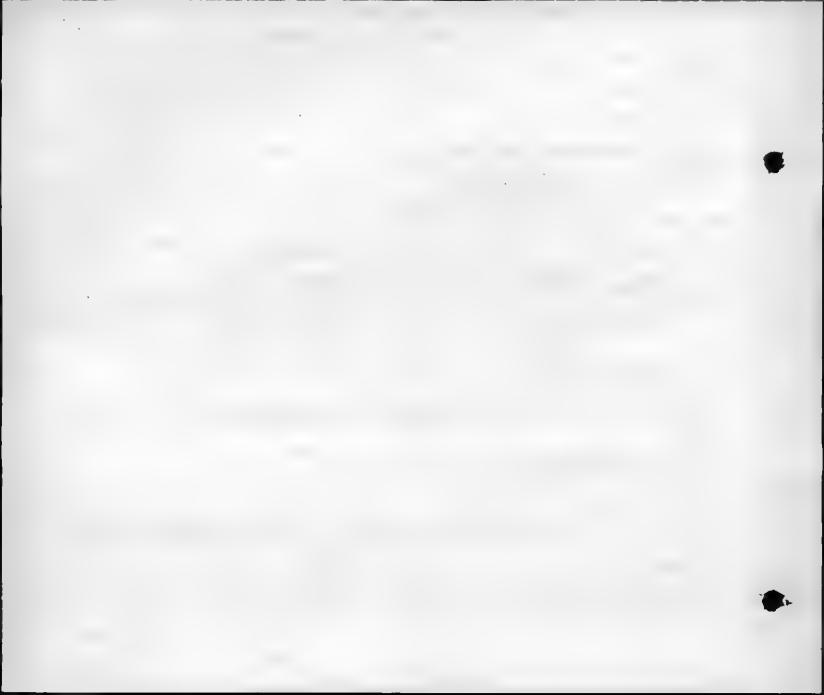
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	The		80	74	CERTIFICA	ATE OF DEAT	H		Reg. Dist. No.	3430
eath. Page 4 eral director, be filed with		1. P	ACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased liv	ed. If institution	n: Residence befo	ra admission)
Page director		°	COUNTY	ord	MARYLAND	o. STATE Mar	vland	b. COUNTY	Harfo	rd
off.		Ь	CITY OR TOWN (If outside of RURAL and give nearest lown	orporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside corporate	limits, write RU	RAL and give nec	irest town)
ofter death. the funeral shauld be fi	(M)	_(I	ural) Aberd	leen		(Rur	al) Ab	erdeer	1,	
rs after by the 2 shar		d	NAME OF HOSPITAL (IF not OR INSTITUTION #1.	in hospital, give street	address)	d. STREET ADDRESS	#1			e. IS RESIDENCE ON A FARM? YEST NO
hou hou	V	3. N	AME OF ECEASED	First	Middle	lori	4. DATE	Month	Da Da	21-12
ithin 24 bly filler Pages 1	1	(1	ype or print)	HENRY		KRETLOW		July	16	19 60
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cecut pap		To	during most of working life, a	ven if retired)	kind of Business or Indu laughter Hou	SIRY III BIRTHPLACE (SIO	le ar foreign count	ואו	U.S.	F WHAT COUNTRY?
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के दुवा के			Carl B	retlow			nna Kai	ser		
certificate g physicial remave co		15. V	AS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 17.	INFORMANT	1101		.65 Moy	er Dr.
certifing physical properties of the physical ph		(Yes.	NO [If yes, give t	eror or dates of service) 2	13-01-158L F	Richard Kre	tlow.	Aberde		
attending		П	B CAUSE OF DEATH [Ente	r only one cause per li	ne far (o), (b), and (c).]	1 /	17 0		INT	ERVAL BETWEEN
9 # P	11		PART I DEATH WAS O	CAUSED BY: (TE CAUSE (o)	ZUX Vien	Frelieber 1	Artico	(mently
that the		П	41 20 -	DUE TO	0 to	.t. 1	× de	ci (, 4	2
± Aligh	5		Canditions, if any, which gove rise to immediate	10/	[[+11. 14. 62. [were high	wo Cor	16:04	,	MICHEL
quir igne	2		couse (a), stating the under- lying cause lost.	DUE TO						7
cian cian sen s	5	z		FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVE	N IN PARE May	9 WAS AUTOPSY
he for physi has be riaf-tr		CERTIFICATIO								PERFORMED? YES NO
AN: Tending		CERTIF	ROG ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUSE IF EITHER, NOTIFY MEDICAL	EYING 20b. DES E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II (of item 18.)		
YSIC: r att		MEDICAL	Oc. TIME OF INJURY Month, Hour o. m.	. Doy, Year 20d I		ACE OF INJURY (Home, fo	rm, 20f (Cily or	lown)	(County)	(State)
PH following the state of the s		WE.	p. m.	19 of wor	k al work					
NG Fer Spiral	Š	Н	21. I certify that Latte	ended the deceas		1 , 19 56 , 10	Sug 16			aw the deceased
Be	in	Н	alive an fire to	12	🖳 , and that death	accurred at 3:1				
Dy I		Н	ACTUAL 3	1. (P.K.	whith 1	67	ADDRESS (Street	city or town, at		DATE SIGNED
OR A ined by DIRECT Id be		П	IGNATUREL	1 1000	N.	.M.D.	. (We De	T WIT.	WAC *	6
Y A	5		PHYSICIAN'S BAI	ry J. Pl	unkett Jr.	M.D. At	erdeen,	Md.		,
HOSPE TONE Oge 3	50	220	BURIAL, CREMATION, 226.	DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d LOCATION	V (City fown, or	county)	(State)
may b	1		REMOVAL (Specify) Burlal	7/19/60	Bakers Cen	netery	R.D.	Abero	deen, N	ld.
5 5	11	23.	UNEBAL DIRECTOR'S SIGNAT	ure . Tar	ringera Tunera. Aberdeen, Mo	1 Home 240. RE	C'D BY REGISTRAR		RAR'S SIGNATUI	
VS A15 (4) 15M 10/57	y.	10	THE ATO Jan	Simel	Aberdeen, Mo	DATE DATE	UL 20'60	an	thun S. Kra	ı,A
	1		John G.	Tarring						



8075CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed a. COUNTY **b.** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? SOX YES NO T NAME OF Middle DATE Lost Month Year DECEASED (Type or print) DEATH ECCA 1960 within S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 17 CITIZEN OF WHAT COUNTRY? bd during most of working life, even if retired) gug RGINI pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ALLY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? ES1 YES 🗍 NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) g. n. While Not while at work 🔲 of work 21. I certify that I attended the deceased from... ., 1960, that I last saw the deceased _, and that death occurred at 4330 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) may Bel Air Memorial Gardens 2 23_FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Brondway williams St VS A15 (4) 15M 9/SS DATEJUL 11

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





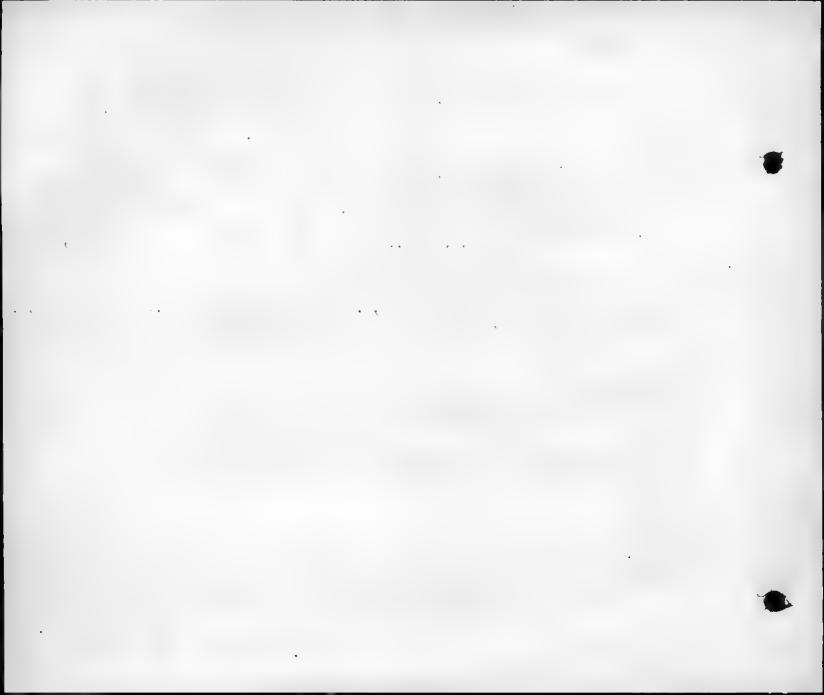
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L	S(););) CERTIFICATE OF DEATH	40035
1.	PLACE OF DEATH o. COUNTY PLACE OF DEATH o. COUNTY PLACE OF DEATH O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence or STATE of the COUNTY Hand) b. COUNTY	te before admission)
4	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)	Sagewood
1	a. NAME OF HOSPITAL (If not see to spital, give street address)/ OR INSTITUTION TAR 1-0 PA MEMORIAL 1105/1144 1177 30 50 120 600. Te	e is residence on a farm? yes \(\) NO \(\)
3.	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DECEASED (A. DATE OF DEATH OF DEATH OF DEATH	Day Year
	Male Megro WIDOWED DIVORCED Aug. 31, 1875 Pris Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
10	DO USUAL OCCUPATION ETCOR d af work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country) 12. CITI; during most of working life, even if retired) U.S. GOV.	ZEN OF WHAT COUNTRY! U.S
13	FATHER'S NAME	<u> </u>
15	5, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Y	[1] yes, give war or delta of service) 222-050-612 C.E. Lemley, 1436 Pacific St., Bro	nol-1 -m 16 N
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last.	
CERTIFICATION	, (-)	1 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 Ol work o	County) (Stote
	21 certify that (1) (this haspital) attended the deceased from July 5 1960, to July 6 196	
	saw the deceased alive an Ucly 6 1960, and that death accurred at 10:109M, from the causes and on the	date stated abave
	Leonge J. Stansbury, M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS.	7/6/60
	22c PHYSICIAN'S (1) ADDRESS (1) Stansbury (2) Stansbury (2) Stansbury (3) Stansbury (4) Stansbury (5) Stansbury (5) Stansbury (5) Stansbury (5) Stansbury (5) Stansbury (6) Stansbury (7) Stansbury (7	race, Md.
23	30. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
2.4	Burial July 10,1960 Ebenezer Magnolia, Harford,	
17	Abingdon, Maryland 13'60 Cirlun 8.	

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tage 4 may related by the haspital an attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and campletely fil.

So the functor, page 3 stauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 11 d 2 should be hed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 2 hours offer death. TO FUN VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

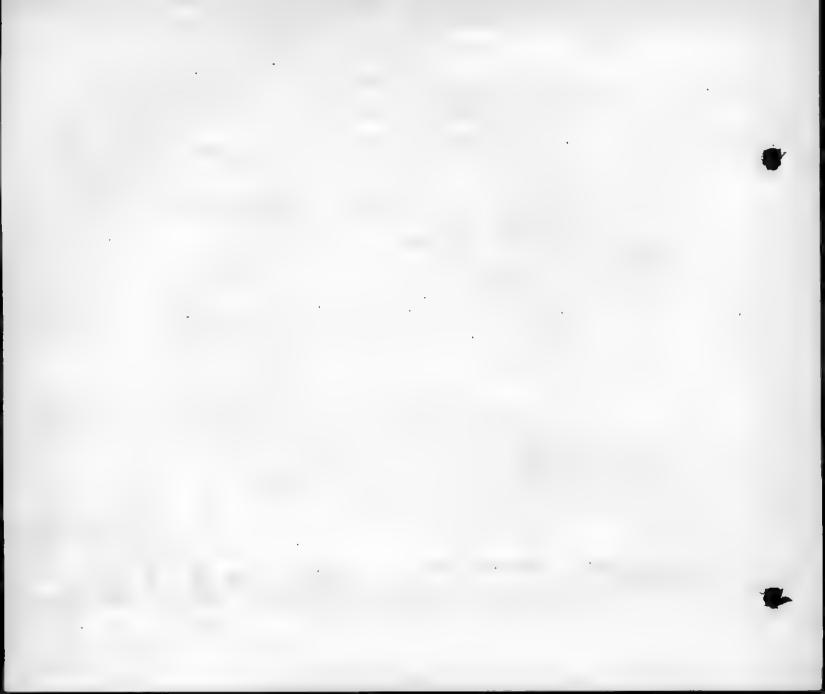
256 REG STRAR'S SIGNATURE

25a REC'D BY REGISTRAR AUG 2 '60

	8056 CERTIFICATE OF DEATH
	PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE 3 / S. Lourn (Luy)
5	ELITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negress fown)
-	d'NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION GENERAL DE STREET ADDRESS ON A FARM? YES NO E
	NAME OF DECEASED (Type or print) Bernhardt (7) 2000 Lawey 10 DEATH 7 28 196
5	SEX Married Never Married B. Date of Birth Widowed Divorced North Months Days Hours Min. SEX Months Days Hours Min.
L	1. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. A.
13.	FATHER'S NAME Liney Levy 14. MOTHER'S MAJDEN NAME Linek.
	WAS DECEASED EVER IN U. STARMED FORCES? 16/SOCIAL SECURITY NO. 17 INFORMANT (If yes, given or or doles of service) (If yes, given or or doles of service) (If yes, given or or doles of service)
	1B. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (f)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), staling the under DUE TO
NOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED?
CERTIFICA	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED Haur a.m., While Nat while of work o
	21 I certify that (I) (this haspital) attended the deceased fram. 1928, to 7-25, 1960 that (I) (we) lass saw the deceased glive-on 128, 1960 and that death accurred at the My fram the causes and an the date stated above
	22a. S'GNATURE ATTENDING MED. STAFF OIRECTOR PHYS OIRECTOR PHYS OIRECTOR PHYS OIRECTOR PHYS OIRECTOR PHYS OIRECTOR OI
	22c PHYSICIAN'S NAME (Type) 22d ADDRESS NAME (Type)
230	B BURIAL, CREMATION, 236 DATE THEREOF 234/NAME OF CEMETERY OR CREMATORY / 23d, LOCATION (City, town, or county) (Store)

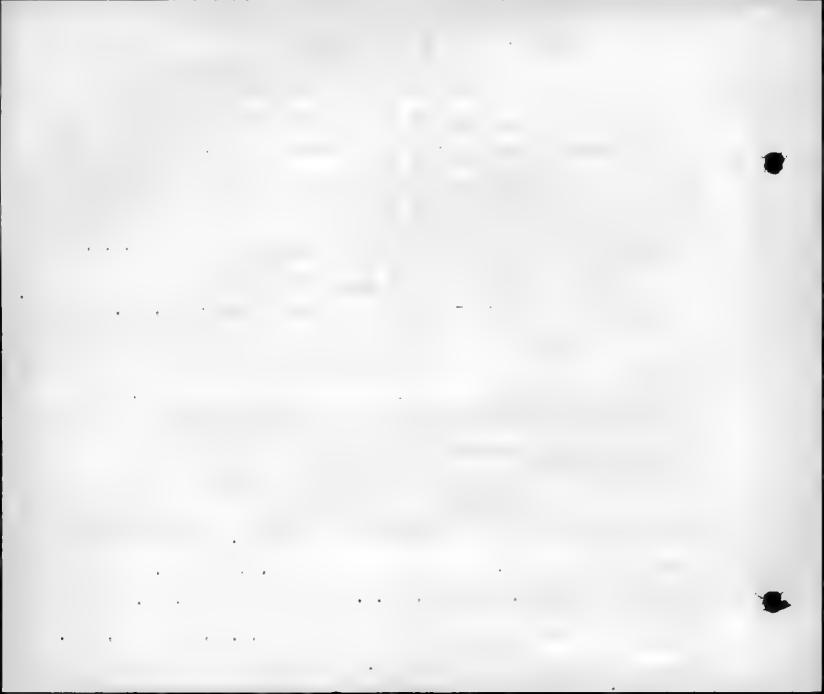
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 20 hours after death. Page 4 by the funeral director, and 2 should be filed with may be excined by the hospital ar attending physician.

TO FUN DIRECTOR: After this certificate has been signed by the attending physician and completely fill page 3 should be detached for use as the burial-transit permit. Then please remaye carban pages the State Baard of Health priar to burial, cremation, ar remayal, and in any event, within 72 hayrs after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 080448042 **CERTIFICATE OF DEATH** director, 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived If institution: Residence before admission] a. COUNTY filed Harford **b. COUNTY** MARYLAND Marvland Har ford funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town)
Aberdeen pluods Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Carter Street Carter Street YES I NO 197 NAME OF First Middle 4. DATE Yeor DECEASED OF EMMA VIOLA (Type or print) T.TT.T.Y DEATH 19 6. COLOR OR RACE 5. SEX 7. MARRIED KI NEVER MARRIED 9 AGE (In years last birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Hours Female White WIDOWED | DIVORCED | March 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Simpson Emily Wallace 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Carter St. no, or unknown) No 226-14-9300B Inez Clifton Aberdeen. Md. 18. CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((g) 19, WAS AUTOPS) PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slote) Hour a.m. factory, street, affice bldg., etc.) While Not while at work at work p. m 21. I certify that I attended the deceased from. .. 19_60that I last saw the deceased and that death accurred at 12,30 M Pillon the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE S. Union Ave. PHYSICIAN'S Irvin L. Wachsman. M.D. Havre de Grace, Md. NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Bakers Cemetery Aberdeen. Md. Tarring Funeral Home 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Aberdeen, Md. DATE 1111 2 6 '60 Clarker & France 15M 10/57 John G. Tarring

executed within 24 haurs after death. Page



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08045

	1, PLACE OF DEATH d. COUNTY	2/1	1	44 4 8 94 4 4 1	2. USUAL RESIDEN	ICE (Where deceased li	ved. If institution: • b. COUNTY	Residence before	admission)
		- var	ford	MARYLAND	///	aryland	0	Harp	de
	b. CITY OR TOWN RUPAL and give	1. /	Mits, write c. LEN	IGTH OF STAY IN 15	c. CITY OR TOY	VN (Il sutside carporal	e limits, write RUR	AL and give seares	t town)
		PITAL (If not in hospital	, give street address)	+	d. STREET ADD	J. D.			IS RESIDENCE ON A FARM? (ES NO M
	3. NAME OF DECEASED (Type or print)	Them	First	Middle	Land	4. DATE OF DEATH	Manth	Doy	Year 19 6 r
	5. SEX male	6. COLOR OR RAC	E 7. MARRIED WIDOWED M	NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEAR IF	., .
	during most of y	FION (Give land of worderly life, even if retire	rk dane 10b. KIND C		USTRY 11 BIRTHPLACE	E (Stote ar foreign cour		12. CITIZEN OF W	HATCOUNTRY
	13 FATHER'S NAME	+ Lowe	Lin	slam	14. MOTHER'S MA	ala a	. 2.	reton	
	15. WAS DECEASED ET	VER IN U. S ARMED F		SECURITY NO. 17.	MED. Faith	Semme	Address	839 Eru	Traces
		EATH (Enter only one EATH WAS CAUSED B' IMMEDIATE CAUSE DUE	10) Uren					INTERV	AL BETWEEN AND DEATH
	Canditions, if gave rise to cause (a), statin	g the <u>under-</u>	(b)	La asini .	¬ /				
	lying cause los		(c) A 4 FOEF I	ENSIVE C		nal disca		101 0 A EV 1/10	NAME AL TORCY
	PART II. C	THER SIGNIFICANT CO	ONDITIONS CONTRE	SUTING TO DEATH B	JT NOT RELATED TO TH	IE TERMINAL DISEASE C	ONDITION GIVEN		PERFORMED?
		WAS UNDERLYING [] NG [] CAUSE OF DEAT FY MEDICAL EXAMINE	TH I	OW INJURY OCCUR	RED. (Enter nature of in	jury in Part I ar Port II	of (tem 18.)		
	ZOc. TIME OF INJU Haur a. m p. m	1.	While _ N		PLACE OF INJURY (Hor factory, street, office bl		r tawn)	(Caunty)	etof2)
		hot (I) (this hospi	and I .		deoth accurred a			, 19.69 that	
	220 5-GNATURE	George	J. Star	istrory,	M.D ATTENDING	MED.	STAFF PHYS		226. DATE SIGNED 7/12/6
	22c. PHYSICIAN'S NAME (Type	Georg		insbury_	22d ADDRESS 569 R	evolution s	st; Houre	de Groce	,Md.
ş.,	REMOVAL (Speci	1-14	-1961 g	NAME OF CEMETERY	or crematory sley Cemi	7 /11/	ngdon	, ,	md.
	Elmer C	EBulle	k. Han	DDRESS du Si	aro. mf. 0.	REC'D BY REGISTRA	0	LAR'S SIGNATURE	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be removed by the haspital or attending physician.

TO FUN: DIRECTOR: After this certificate has been signed by the attending physician and campletely fill by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removement pagers. Pages at 5 should be filed with the State Baard of Health priar to burial, cremation, an remayal, and in any event within 78 hours after death. VR A15 (4) 1SM 9/S9



may becaused by the hasp tal ar attending physician.

TO FUN.

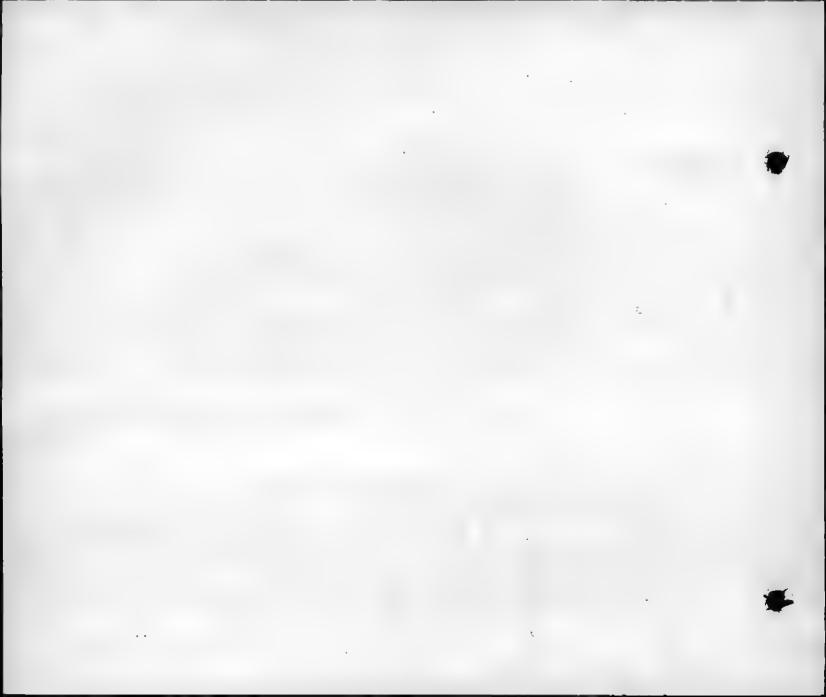
DIRECTOR: After this certificate has been signed by the attending physician and campletely fills page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health prior to burial, cremotion, ar remaval, and in any eyeat within 72 haurs after death the State Board of Health prior to burial, cremotion, ar remaval, and in any eyeat within 72 haurs after death

VR AIS (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08046

	o. COUNTY //ARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution Residence before admission) o. STATE OFFICE (BR) b. COUNTY FIRE (BR)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) # ## CRACE Glays.	c CITY OR TOWN (If colliside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION AMOUNT TO A D MEDICAL PROPERTY AND ASSOCIATION AS	d. STREET ADDRESS ON A FARM? YES NO T
	NAME OF DECEASED (Type or print) Helen KATE KALKMA)	N LORD 4. DATE Month Day Year OF DEATH JULY 15 1960
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of JNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 USTRATOR 11 USTRATOR	FIARYLAND U.S.H.
	HASYONDER FALKMAN	14. MOTHER'S MAIDEN NAME FICE X TRONS
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no. or unknown) [If yes, give wor or dotes of service] 18-26-3077	RUSSELL R. LORD, Bel Air Md.,
	PART I. DEATH Enter only one cause per line for (o) (b), and (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. (c)	ompensation Theese Syears 2 Cardiovascular 5 years
	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PREFORMED? YES NO ED. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P	tACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram.	el 4 6, 1963, to 164 15, 19 6, that (1) (we) last
	saw the deceased alive an 19 60, and that	death accurred at
	22c. PHYSICIAN'S NAME LIDRED WARD C. LOO, M.D.	211 N. Union Ave, Havre de Grace In
	236. BURIAL CREMATION 236 DATE THEREOF 236. NAME OF CEMETERY Cremation July, 15, 1960 Loudon Par	
,	ADDRESS Abingdor	



1			MARYL	.AND	STATE DEPA	RTM	ENT OF H	HEALTH	I—BALTI	MORE, 1	8		
4 54			80	46	CERTI	FICA	ATE OF I	DEATH	4		Reg. Dist.	1844	147
Page 4 director, iled with	1.	PLACE OF DEATH					2. USUAL RESI	IDENCE (WI	iere deceased li	ved It institution	n: Residence	before ad	mission)
	L		Harford		MARY			Maryl			Harf		
death id be f		b. CITY OR TOWN (I RURAL and give m	f outside corporate limit earest town)	ls, write	c. LENGTH OF STAY	IN 1b	CITY OR	TOWN (If o	utside corporoti	e fimils, write Ri	URAL and giv	re nearest	lown)
ofter de should should	L		Rel Air		2 yrs.			Bel.	Air				
मू सुस		OR INSTITUTION	AL (If not in hospitol, g				d STREET /	ADDRESS					RESIDENCE N A FARM?
d 22		Hai	rford Conva	lesce	ent Home								NO I
£ 10.		NAME OF DECEASED	Fire	st	Middle		lo	st	4. DATE	Mon	th	Day	Year
See 2		(Type or print)	Melvi				McClear	У	OF DEATH	Jul	.7	6	19 60
Pag Pag	5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔀	B. DATE OF BIRT	Н	9		IF UNDER 1		NDER 24 HRS
5 d 4 5		Female	White	WIDOWE	DIVORCE		Feb. 6	5.1873		87 yrs	Months D	oys Ho	urs Min.
cample popers.	10c	. USUAL OCCUPATION	ON (Give kind of work o	ione 10b.	KIND OF BUSINESS C	R INDUS		LACE (State	ar fareign coun	try)	12 CITIZ	EN OF W	HAT COUNTRY
		Seamsto					Ma	arylan	d		US	SA .	
an and carbon after de	13.	FATHER'S NAME					14. MOTHER'S						
		Henry	McCleary				Mary	/ McQu	irk				
fifica ohysic mave haurs	15		R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. H	NFORMANT	2000		Addr	ess		
9 9 5 2	1.0	Mo	fil yes, give wer or trained or te		None	- (Convales	scent.	Home Ra	corde			
death Itendia please vithin		18 CAUSE OF DEA	TH [Enter only one co					200110	0 120 240	COLCE		INTERVA	BETWEEN
			TH WAS CAUSED BY.		Uremia	•						ONSET A	ND DEATH
that the by the a t. Then y event		61-12	DUE TO		OTGMILE							Z W9	GKS
tha by y e		Candilians, if o	au subfat X		Chronic Ca	2014	-77 1	Di.					
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and in the state of the state o		tying couse last.	the under-										
is The law req ng physician, e has been si burial-transit removal, and	Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1	(a) 19. W	AS AUTOPSY
0 42 42 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CERTIFICATION										•	PE	REORMED?
ng I be he buri	TIFIC	200. ACCIDENT WA	S_UNDERLYING []	20b. DESC	RIBE HOW INJURY O	CCURRED	Enter nature o	of injury in f	Port I ar Part II	of item 18.)		1,53	<u> </u>
AN icot icot icot or	CER	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				·						
On at the control of	CAL	20c. TIME OF INJUR		r 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form	20f (City or	fown)	ICo	unty)	(State)
is or motion	MEDICAL	Hour a.m.	19	While pt work	Not while	foc	tory, street, offici	e bldg., etc.			(-50)1	(sidio)
o di più più più più più più più più più pi	2	p. m.				1	50		<u> </u>	1-			
Affed iol,			at I attended the	decease	ed fromA.a.J	Z	, 19 <u>.5</u> 8	L, 10	min.	, 19 <u>.60</u>	.,that I la	st saw t	he decease
A State		alive on JU		_, 19_6	and that	death	occurred at	C:3UP.	M, from 1	he causes a	nd on the	date si	
A CT		ACTUAL 0	1,000 0-0	0.	Al. A.	-				t, city or town,	-		DATE SIGNE
ON Interest of the Prior of the		SIGNATURE 1	2 T V V (E) C/X	- 7	Huma	M	A.D	Fore	st Hill	, Md	<u>.</u>	uly 7	<u>,1960 </u>
Ar July		PHYSICIAN'S	Willard P.	TT-1-1-	, M			~			1	7 - 3	
gist-	220							Fores	. Pill,		Lary		
FUN POS	440	BURIAL (Specify) Burial	N. 226 DATE THEREON		22c NAME OF CEMI		CREMATORY			N (City, town, a			Stote)
5 to 8 to	221			0	McKend	ree			A11	rville	. Pen	na.	
VS A15 [4)	29	FUNERAL DIRECTOR	HOWAIDKE			73	_		BY REGISTRAS		TRAR'S SIGN		
15M 10/57		14.1		_	Delta	le P	enna.	DATEUL	11'60	1 Chil	un 8. Ki	عماله	
	,	J											



TO DE VIY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If it delay is recovery, please secure the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it for a life ctor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMA-Rage 5 may be retained for your first To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Cages 1 and 2 with the State Board 65 should or its designated agent, prior to burial, cremation, or removal, and in any event with T2 hours after death.

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM

Division of STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESION STREET, BALTIMORE I, MARTLAND
OOTO MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 118048
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
. COUNTY #	a. STATE D b. COUNTY
b. CITY OR TOWN If outside comparate limits.	
b. CITY OR TOWN (if outside/corporate limits, c. LENGTH OF STAY IN 1b., yerle RURAL and give nearastycynn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
I the de struce	Shamokin
d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress)	d. STREET ADDRESS IS RESIDENCE ON A FARM?
10 A Harford Memorial Hospil	YES NO IX
3. NAME OF First	Lasi 4. DATE Month Dey Year
(Type or print)	CLYDCKEN DEATH JMY 12 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED TO DIVORCED TO	lest birthday) Maghs Dats Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
don during most of work no fife, every if retired)	/ Parise 1. 117
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I have by THE Dreater	Tugar. + Lande
7 Main we dellacted	INFORMANT Address & To motion Po
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Hyasgivewarordetasofservica)	INFORMANT Address Ala Wolfell O
260 1/8-01-0501/2	Wirow towered Linectors - 6th + Cheshout
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, Coronary O	cclusion ONSET AND DEATH
Fee I'm DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(a), slating the underlying course lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
E	PERFORMED?
TO SATERNAL CAUSE WAS LOOK DECORDE HOW INTRIBY OCCUPED	(Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING	Enter nature of injury to ran i or ran if or item 15./
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. Hour a.m. White Not While at work et work	ACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
p.m. 19 at work et work	
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection . Inquiry , and in my opinion
death resulted from: Natural causes [2], Accident [3], Suite	cide, Homicide, Undetermined manner
m 11 21	CHIEF MEDICAL EXAMINER [] ROAL - NO
SIGNATURE LEVELY & Jahren	M D ASS STANT MEDICAL EXAMINER DE DATE SIGNED
EVALUATION A	SEPUTY MEDICAL EXAMINER ()
NAME (1/pe) Cerald CTOINE	Address (Street, city, lown, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O	
CREMOVAL (Specify) of 11 / 60 pl. LI of M.	······································

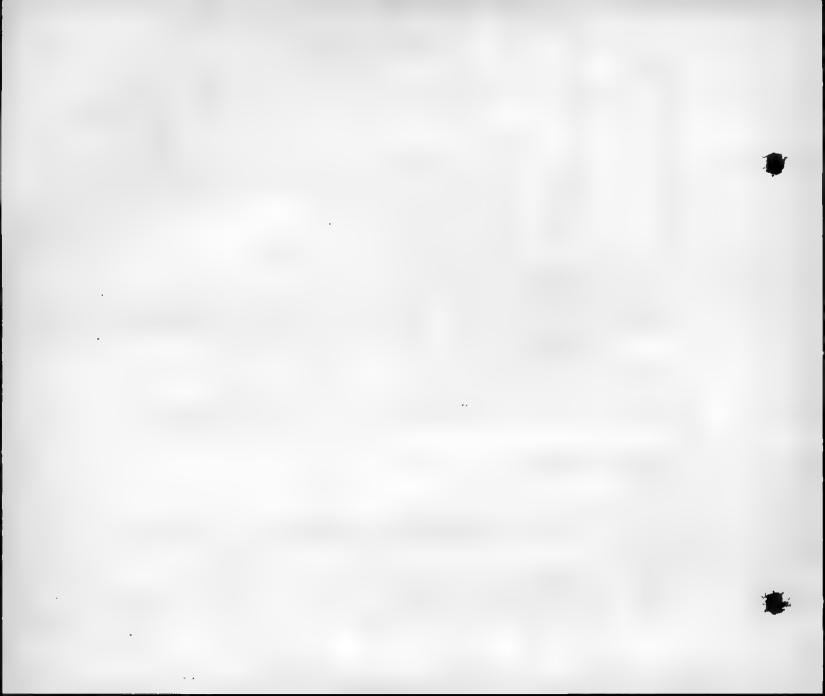
24a. REC'D BY REGISTRARY 24b. REGISTRAR'S SIGNATURE

O Thur & Horas

JUL 1 8 '69



8060 **CERTIFICATE OF DEATH** Rea. Dist. No. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution Residence before admission) filed COUNTY ARYLAND CITY OR TOWN (If outside carporote limits, write C. LENGTH OF STAY IN 16 CIPY OF TOWNS If outside corporate limite, write RURAL and give profest town) RAL and give nearest fown d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES [7] NO 7 NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or print) 19 COLOR OF PACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE flp years bday) Months Dovs Hours WIDOWED D DIVORCED [T USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIBLINA ACE (Sinte or foreign country) during most of working hits, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 귷 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL/SECURITY NO. 18. CAUSE OF DEATH | Enter only one couse peg PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 📋 NO [] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) Day, Year (County) (Stole) factory, street, office-bldg, etc.) While Hol while of work of work 21. I certify that I strended the deceased from 19 60 that I last sow the deceased and that death occurred at 2 15 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL-SIGNATURE PHYSICIAN'S NAME (Type) BURIAL REMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CHEMATORY 22d LOCATION (City, town, or con TWOVAL (Specify) the O FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



				8076)		CERTIF	ICA	TE OF D	EATH			Reg. Dis	it. No.	1811	5()
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funerol uld be fi		ŧ	RURAL and give	(if outside corporate lim nearest town) ingdon	nts, write	c. LENC	TH OF STAY	H	Υ	ingdc		rate limits, write l	RURAL and g	give nea	rest lowr	1)
by the			OR INSTITUTION	PITAL (If not in hospital,	give street	t address)			d, STREET AD	DRESS						IDENCE FARM?
E T		ī	IAME OF ECEASED		irst		Middle		Lost		4. DATE OF	Mo		Day		Year
i i i i i i i i i i i i i i i i i i i			Type or print)	Thomas	T:		C		Morgan		DEATH	Jul	0 /	11		19 07
를 즐겁		5. S	EX	6. COLOR OR RACE	7. MAR	RIED 🔲 N	IEVER MARRIE) 🔲 B.	DATE OF BIRTH			9 AGE (In years last birthday)	Months Months			-
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A 77 0 =) [13. 1	VILLER 2 NAME						14. MOTHER'S A	IAIDEN N	AME					
physician maye house of			Gec	ge'S. Morga	ın					ther	Morey					
A DE S		15. ' [Yes.	WAS DECEASED EV	PER IN U. S. ARMED FO	RCES? 16	. SOCIAL S	SECURITY NO.	17, IN	FORMANT			Add	lress .			
5 5 5			no		2	15-32	-5706	The	omas F. I	Morga	n	White M	larsh,	Mar	ylar	nd.
hin		1	IB CAUSE OF DI	EATH [Enter only one c	ause per (line for (9)	(b), and (c).]	,			0			INTE	RVAL BE	TWEEN
9 49 19		ı		ATH WAS CAUSED BY.	-	2/1//	aeri?	011/1	- The	me	lose	^		ONS	EJ AND	DEATH
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icio		ξĺ	PART II. Q	THER SIGNIFICANT COL		CONTRIBL	ITING TO DEA	TH BUT N	OT RELATED TO T	HE TERMIN	VAL DISEASI	CONDITION GI	VEN IN PART	1(0) 11	WAS /	AUTOPSY
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e beg			200. ACCIDENT W	AS UNDERLYING	20b. DES	SCRIBE HO	W INJURY OC	CURRED	(Enter nature of i	niuv in P		II of item 18)			,,, <u>,</u>	-140 []
ar r		CERTIFI	OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)					7/							
2 t t 8 8	i	₫	20c. TIME OF INJU	JRY Month, Day, Ye	eor 20d.	INJURY OF	CURRED 3	ille. PLAC	E OF INJURY (He	me, form.	20f (City	or town)	10	ounly)		(Stote)
2 5 5 5 F		ED .	Hour a.m.	10	While	Not	while	facta	iry, street, affice b	oldg., etc.)			,-			(3.0.6)
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از و ۱۹			SIGNATURE	11 Lay	ne			M.	.D	ecc		VOU CE		1	4.CC.	4/3
Second Se			PHYSICIAN'S NAME (Type)	T.R	el	Ph	Mr	2/	Sylf D)			//		/	
2 7 % . D	-	22o.	BURIAL, CREMATI	ON, 22b. DATE THERE	OF /	22c. M	ME OF CEMET	ERY OR	CREMATORY		22d LOCAT	ION (City, town,	or County)		(Stote	e)
F S E S			REMOVAL (Specific Burial		1 060	L	St. Ma	rv's			Emmor	ton. Har	ford.	Ms	•	
5 5 0 = (1	23/1	NERAL DIRECTO		1	-	DRESS	<u> </u>	2	4a. REC'D	BY REGIST		STRAR'S SIG			
V\$ A15 (4)		N	HWayn	K Metos	ML	X	Abi	ngdo	216		UL 15		arilus .			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

rsh, Maryland. -IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO (County) (Stole) that I last saw the deceased d an the date stated above. (ounty) (State) ord, Ms., ilus S. Kuma

Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A.,



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08051

Orthur S. Kraus

8061

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may by Chained by the haspital or attending physician.

moy by Charles by the hospital or oftending physicion.

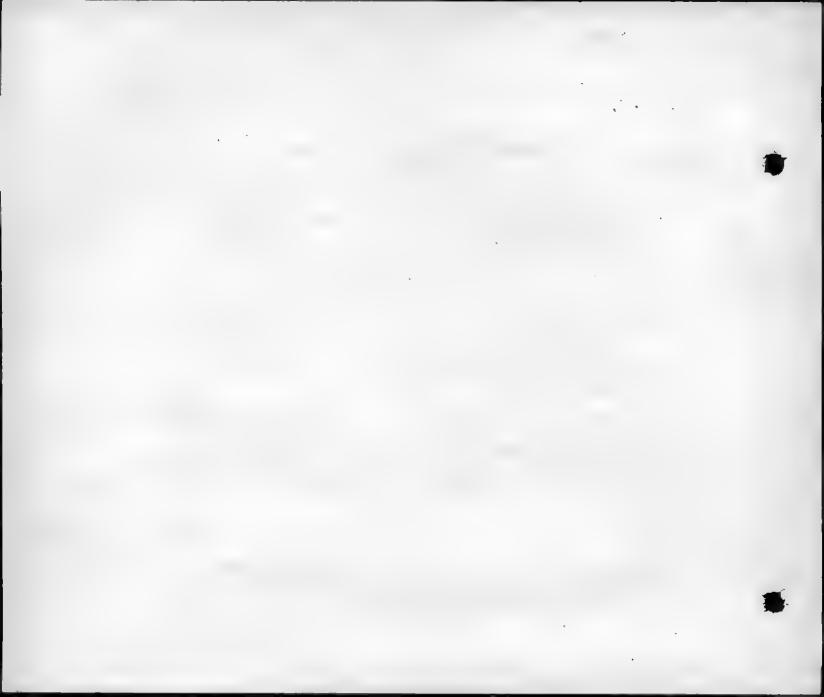
TO FUN DIRECTOR: After this certificate has been signed by the attending physician and completely filling page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within/72 hours after death.

VR A15 (4) 15M 9/59

by the funeral director, and 2 should be filed with

Then please remove carbon appers Pages I and in any event, within 72 hours after death.

	PLACE OF DEATH	2	USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	HORTORA. MARYLAND		o STATE Md 6 COUNTY Hart-ord
	b CITY OR TOWN (If autside carporate limits, write / RURAL and give nearest town)		g. CITY OF TOWN (If autside carporate limits, write RURAL and give nearest tawn)
7	Tarre-de-Grace	1 2	1) ar LINGICH
	d NAME OF HOSPITAL (If not in hespital, give street address)		d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Z	TURTORD MOMORIALITOSPIJAL	L	1.1)#2 00x 20 YES NO 18
	NAME OF First Middle	11	Last 4. DATE Manth Day Year
	(Type or print) Grace E.	10	OR MAN. DEATH 7 6 1960
5.	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. D	A S A S A S A S A S A S A S A S A S A S
1	emale Megro. WIDOWED DIVORCED	6	3-7-1899 For arrinday Months Days Haurs Min
10a	USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDLE dyring most of working life jeven if retired)	-Control	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(U. 5 10 0 10 m. Clemy Clanucal Cent	in	1.0
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME
	Though Choque		tannie Kompson
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (INFO	RMANT / Address
, -	no 220-22-0677 [-01	11h.1). 1108man: 1009h 1 ER
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		NTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY. He patic Come	a	TOTAL AND DEATH
	DUE TO		
	Conditions, if ony, which) [b]		
	gave rise to immediate Couse (a), storing the under-		
	lying cause lost. (c) Carcinoma of	B	reast with Metastases
O	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATI			YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRI	ED. (E	Enter nature of injury in Part I or Part II of item 18.)
. CE	IF EITHER, NOTIFY MEDICAL EXAMINER		
MEDICAL			OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) , street, affice bldg., etc.)
MED	Haur a.m. 19 While Not while p. m. 19 at work at wark	acialy	, areer, office blogg, etc.;
	2). 1 certify that (1) (this haspital) attended the deceased from	J	une 21, 1960, to July 6, 1960, that (1) (we) last
	and the second s		th accurred at10:009M, from the causes and on the date stated above
	220. SGNATURE	Gear	22b DATE
	George J. Stansbury.	M D	ATTENDING MED. STAFF 7/6/60
	22c PHYS CIAN'S NAME (Type)		22d ADDRESS
	George T. Stansbury		569 Revolution St. Houre de Grace, Md.
230	BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY	OR CI	REMATORY 23d LOCATION (City, lawn, or county) (State)
	REMOVAL (Specify)	3	met , farretteville, Harlord Co. Mis
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250 RECCO BY REG STRAR 256 REGISTRAR'S S SNATURE

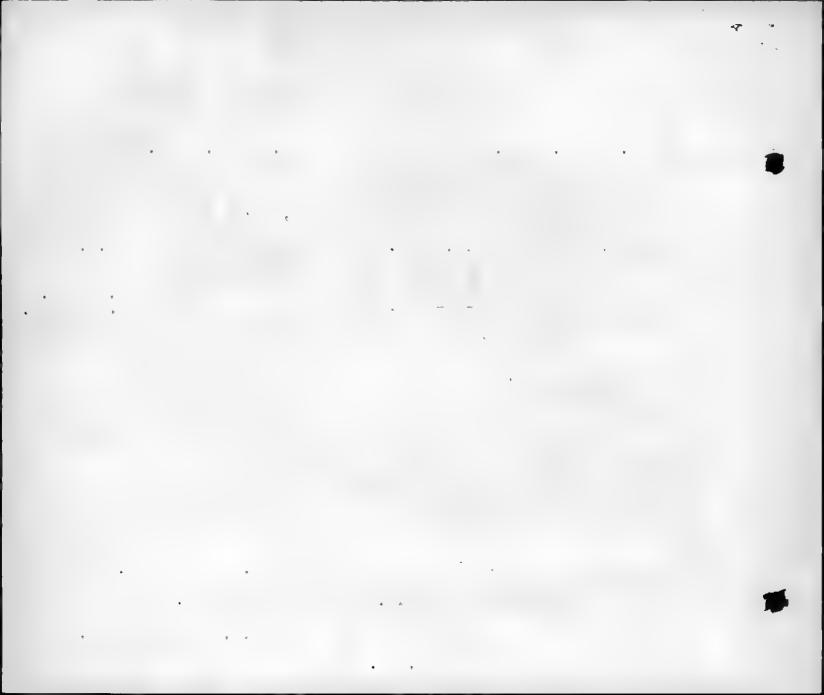


₹-			MAKYLAND	STATE DEPARTM		I—BALTIMORE, I	8 08052
- X			8043	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
M) [1.	PLACE OF DEATH a. COUNTY	Harford	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryl	L. COLUMN	n Residence before admission) Harford
g g		Aberde	en	c. LENGTH OF STAY IN 16	Aberd	utside corporote limits, write R Lee N	URAL and give nearest town)
H 2 sho		or institution 21 N.	Phila. Blvd.	oddress)	d STREET ADDRESS 21 N	Phila. Blv	d. IS RESIDENCE ON A FARM? YES NO X
2	3.	NAME OF DECEASED (Type or print)	OWEN	Middle PERCIVAI	OSBORN	4. DATE Mon	bay Yeor 5 19 60
ri Pog	1	Male	6. COLOR OR RACE 7. MARR White Widows	ED DIVORCED	8. DATE OF BIRTH August 13.	1875 AGE (In years last birthday) 84 yrs.	Months Days Hours Min
oon papers. Po	1	Carpenter	ON (Give kind of work done 10b. king life, even if retired) (Retired)	U.S. Govt.	Mary	rland	12. CITIZEN OF WHAT COUNTRY U.S.A.
hours after de	L		ther Stewart			h Rebecca W	
	 	NO NO	[If yes, give wor or dollar of service] 2:	12-12-508\$,	Bertie Osbo		
fransis permis, Then please following to and in any event within 72		Conditions, if o gove rise to i couse (o), stoling lying couse lost.	ny, which mmediate the under-	runary occ terio Sclera	Tic Hear		e.
moval,	FICATION						EN IN PART I(6) 19. WAS AUTOPSY PERFORMED? YES NO
a, or re	CERTI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE			
for use o	MEDICAL	Hour o.m. p.m	19 While of work	Not while 104	ACE OF INJURY Home, form, tory, street, office bldg., etc.)	1	(County) (Stote)
ald be detached prior to buriol.		21. I certify the alive on	at lattended the decease which is the second of the second	O, and that death	Accurred of Accurr		•
page 3 mg	22	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF Bakers Cen	R CREMATORY	22d LOCATION (City, town, c	
5 (4) 0/57	23.	Burial Fluxeria prestice	S SIGNATURE Tari	ringrestuneral Aberdeen, Mo	Home 240 RECD	BY REGISTRAR 245. REGIS	tran's signature

VS A15 (4) 15M 10/57

TO HOSPITAL OR

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

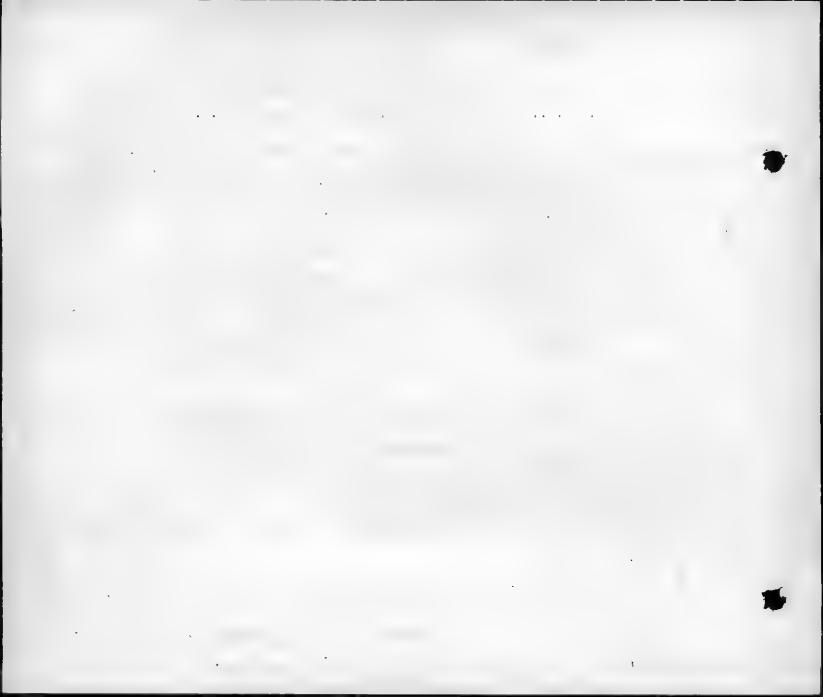
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		SU11 CERTIFICA	IL OI DEATH	110(103)
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
	(o. COUNTY Harford MARYLAND	o. STATE 6. COUNTY Hari	Ford
	-	c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, write RURAL and giv	
		RURAL and give nearest tawn) Joppa, R.D., 3 yrs.	Joppa R.D.	
	-	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
		OR INSTITUTION	Singer Road	ON A FARM? YES NO DA
	2 1	NAME OF First 4 - Middle		
	- 1	NAME OF DECEASED Type or print) GERAL CINELOTTIS	PLEATER SEATH Month	Day Year
	5 5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS
	le	male negro WIDOWED DIVORCED	Nov. 1, 1896 of birthdoyl Months D	Oys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZE	N OF WHAT COUNTRY?
Л		House - WIFE none	ma.	, S, A,
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Charlie DeasLey.	Laura Morga	71.
		na or unknown) (If yes, give wer or dates of service)	HORMANT PROLESPOSINGER RA	clannal
	-	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	me circunch wingen nu.	LINITEON AL DETVACENT
		PART I DEATH WAS CAUSED BY		ONSET AND DEATH
	i	IMMEDIATE CAUSE (6)	Y UCCLUSION	INSTAN
		DUE TO		OUER
		Conditions, if only, which gove rise to immediate (b) MORTIC LN	SUFFICIENCE AND	4YRS
		couse (a), stoting the under-		OVER
		lying couse lost (c) TTYPERTER	15100	4 YRS
	FICATION	Part II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19 WAS AUTOPSY PERFORMED?
	CAT			YES NO
	CERT FI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18)	
		20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) [Cor	unty) (Stole)
	MEDICAL	Hour a.m. While Not while for	ctory, street, office bldg., etc.)	,,
	2		D= 27	n
		21 I certify that (I) (this haspital) attended the deceased fram.		
		saw the deceased alive an LIUNE 30 1960, and that a	death occurred of LBLM, from the causes and an the c	
1		220 SIGNATURE	M.D PHYS. MED. STAFF	22b DATE SIGNED
		22c PHYS CIAN'S	M.D PHYS. DIRECTOR PHYS OLLY	6,1760
		NAME (Type) PHILIP W. HEUMAN M. D	307 HICKORY, BEL AI	R, Md
	23a	BURIA., CREMAT ON 236. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county)	(Stołe)
		REMOVAL (Specify) Burial July 11,1960 John Wesley	Abingdon, Harford.	Md
	21	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGN	
	N	rutsch Mc Conus Abingdon, Man		t e
	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contact of the contac	N

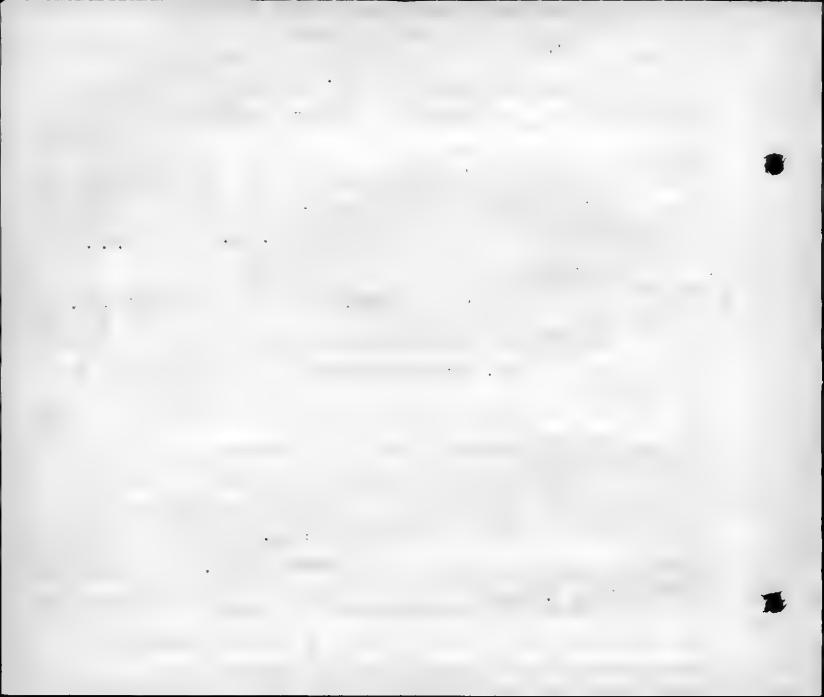
TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the dmath smifficate we executed mithin 24 haurs after death. Page 4 may be mined by the haspital ar attending physician.

TO FUN.

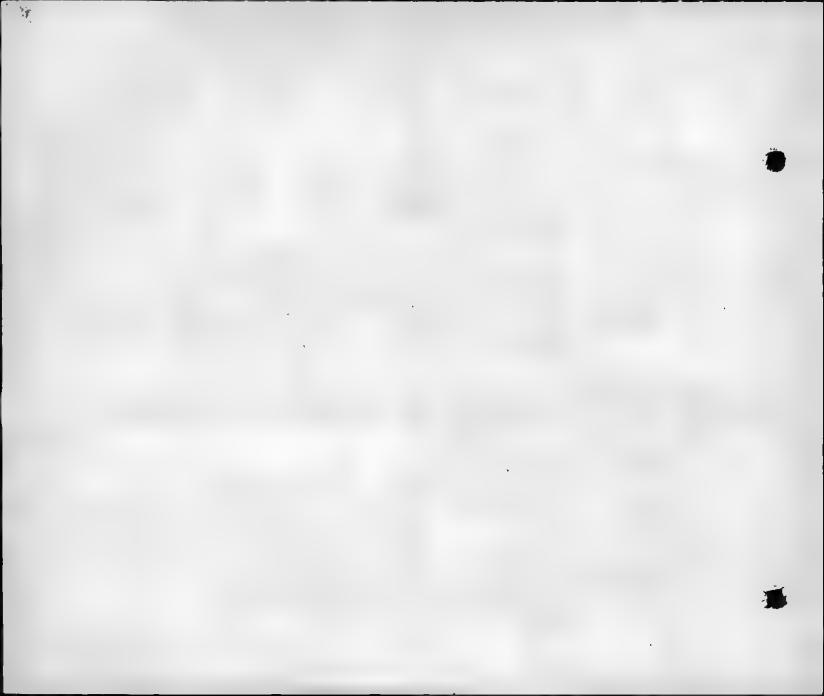
DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remained pages: Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, ar remaind, and in any event, within 72-horse, after death. TO FUN VR A15 (4) 15M 9/59



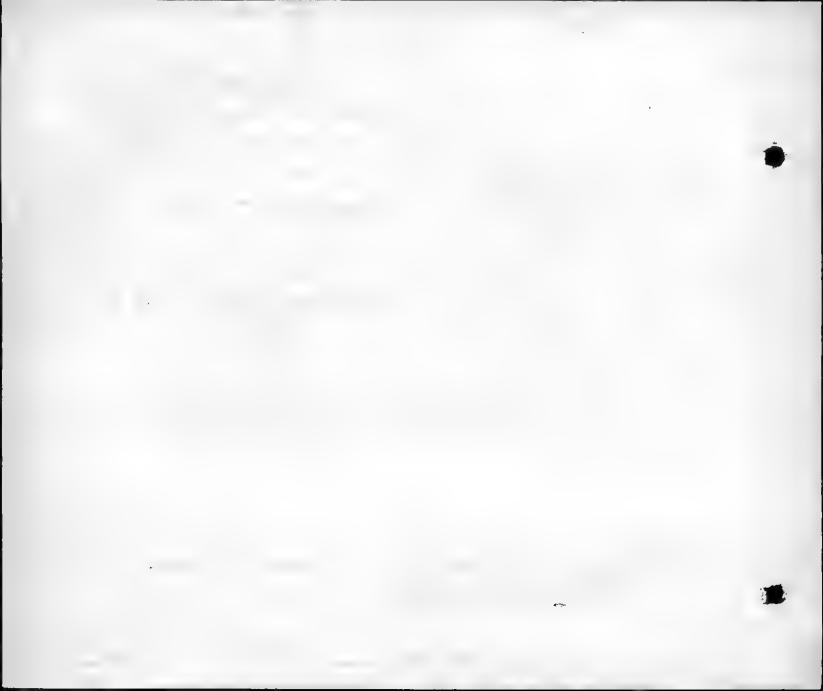
8078 CERTIFICATE OF DEATH Reg. Dist. No. 2054 filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY Harford MARYLAND Harford unerol b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 8 C. LENGTH OF STAY IN 16 RURAL and give nearest towns should k Rural-Forest Hill Entire life Rural - Forest Hill d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS . IS RESIDENCE OR INSTITUTION YES NO TH NAME OF First Middle Lost 4. DATE Month Yeor Day DECEASED GRAFTON PYTE July 2h ROS 211 160 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last highday) Months Days Hours Min White March 2h. 1871 Female WIDOWED DIVORCED [YES 10a. USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) Harford Co., Md. U.S.A carban after 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John McCommons Jana Grafton hours гетоме WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 Walter Pyle None Forest Hill. Md. altending within A 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary thrombosis Sudden DUE TO À permit. Conditions, if any, which] Chr. Cardiovascular disease gove rise to immediate DUE TO couse (o), stoting the underond lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CATION PERFORMED? YES NOTO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY [Home, form, 20f. (City or town) Day. 20d. INJURY OCCURRED Year (County) (State) factory, street, office bldg., etc.) Hour o. ft. Not while at work at wark 21. I certify that I attended the deceased from April 22 , 152 , to July 24 1960 that I last saw the deceased alive on July and that death occurred at 2:20 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) SIGNATURE 20 PHYSICIAN'S NAME (Type) Willard P. Hudson 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) MEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 HH 26'60



1	V	1	8062 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d b fign		L	Reg. Dist. No. 18015
please 4 shaul crema	(M)) L	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Wipere deceased lived. If institutions Residence before odmission) S. COUNTY MARYLAND O. STATE MARYLAND
ge ge			b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) and give nearest town!
Pa Pa			Have de Drace 1940. Have de Line
is ned rectar. is.	1	Γ	d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street oddress) 2/5 min And yes No
elay di	14	3.	NAME OF First Middle Lost 4. DATE Month Day Year
y d y or y or y or spission		П	DECEASED (Type or print) Cornelia Thomas DEATH July 22 1960
for for se re		5.	SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8. DATE OF BIRTH . 9. AGE (In your out birthday) . Markle Daw More Miss
まる事			WIDOWED DIVORCED 6/30/1896 64 yrs.
deo deo deo deo deo deo deo deo deo deo		10	d. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPYACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ffer be		14	Housell the more Muningion all. W. J. H.
1, 2, 1, 2, may		13	FATTINER'S NAME
f hau ages le 5 r	1	1	WAS DECEMBED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT.
in 24 I re Page Page File po	1	14	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address S. Chuyon Circ.
G Girls		F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
18. 18. ermi			PART I. DEATH WAS CAUSED BY:
form form Hit p		Г	DUE TO
in the			Conditions, it only, which (b)
d b			gove rise to immediate cause (o), stating the underlying DUSTO
haul ola bu			couse fost. (c)
fice as o		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ding 2	- (LA2	YES \ NO(\overline{\overli
Cert Den De c	(CERTIF	
This		-	I WIND COURT OF THE PROPERTY O
ER: No Section Short		DICAL	Hour o m. While Not while roctory, street, office blog, etc.]
MIN Bath edic		×	1000 227 - 22 1060 of work of Home Home War de Law Know Mg
A Tiling			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection \(\mathbb{Z} \), Inquiry, and find that death resulted from: Natural causes, Accident, Suicide \(\mathbb{D} \), Homicide, Undetermined cause
te ve	dimini o	ı	death resulted fram: Natural causes, Accident, Suicide, Undetermined cause
S S S S S S S S S S S S S S S S S S S		ı	ACTUAL 9) grade C almer CHIEF MEDICAL EXAMINER [] LO ALL, DATE SIGNED
A to Day		L	ACCISTANT MEDICAL EVANIAGE
E Y			EXAMINER'S NAME (Type) Gery Std C 3 (NO) DEPUTY MEDICAL EXAMINER 1.
Cute t forward		22	REMOTAL (Specify) 226. DATE THEREOF 226. NAME OF CEMETERY OR FREMATORY 22d, 19 CATION (City, town, or saying) (Stole)
5 5	10		7/25/60 yngel toll Have de Thank /1/10
VS. A15ME(5)	*	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
5M 9/55		_	June 1 M. I found Than Mofre JUL 26'60 Cirtury 8. Think









Tarring

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08059

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR IOWN (If autside corporate limits, write RORAL and give negrest town) d NAME OF HOSPITAL not in hospital, give street address STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO.P NAME OF 4. DATE Year DECEASED OF (Type or prib) DEATH 196 S SEW 6 COLOR OR RACE B. DATE OF BIRTH AGE M IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THEVER MARRIED yeors/ last bothday) Months Doys 20, 1886 WIDOWED [DIVORCED [USUA: OCCUPATION (Greykind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most af working life, even if refired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Home 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME as Tha AS DECEASED EVER IN U. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address pance 3-10 No 1B. CAUSE OF DEATH [Enter only one couse per line for (o). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Clan DUE TO Conditions, if any, which gave rise la immediate DUE TO cause (a), stating the underlying cause last. PARK IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19 WAS AUTOPSY FICATION PERFORMED? YES NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) factory, street, affice bldg , etc. Hour a.m While Notwhite at work at work 21 I certify that (I) (this haspital) attended the deceased from 19_60that [1] (we) last Dand that death occurred of AM, from the causes and an the date stated above saw the deceased ofive an 22o. SIGNATHRE 26 DATE SIGNE MED DIRECTOR M.D. PHYS 22c PHYSICIAN'S NAME (Type) 23d BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION/JC ty, town, or county) (State) REMOVAL (Specify) Mountain Cemetery Joppa Maryland 25b REGISTRAR'S SIGNATURE EUNERAL DIRECTOR & SIGNAZORE √Tarring^oでPuneral Home 25a, REC'D BY REGISTRAR Aberdeen. Md. alling & Kraus 2 0 '60 DATE TITE

VR A15 (4115M 9/59

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attending

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DIRECTOR

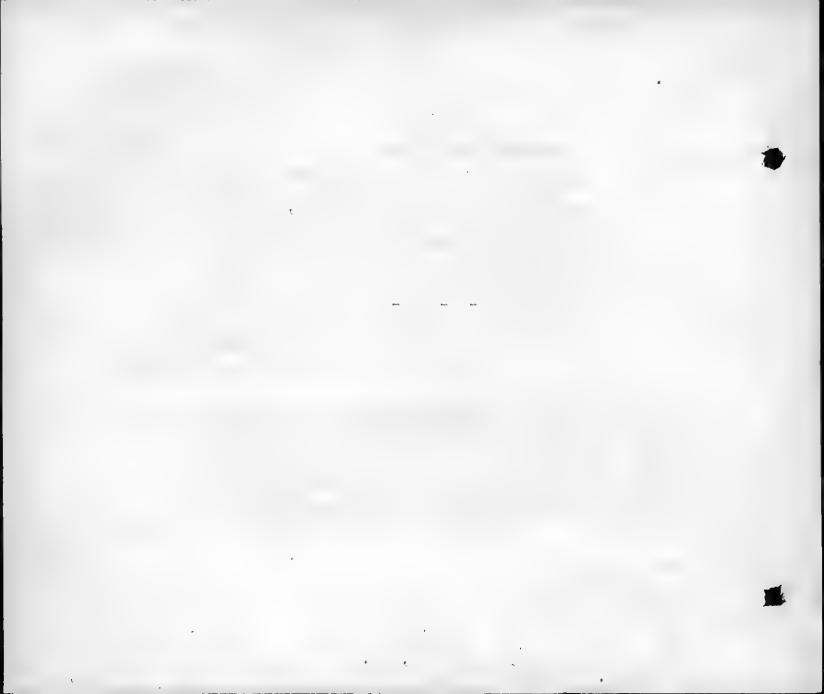
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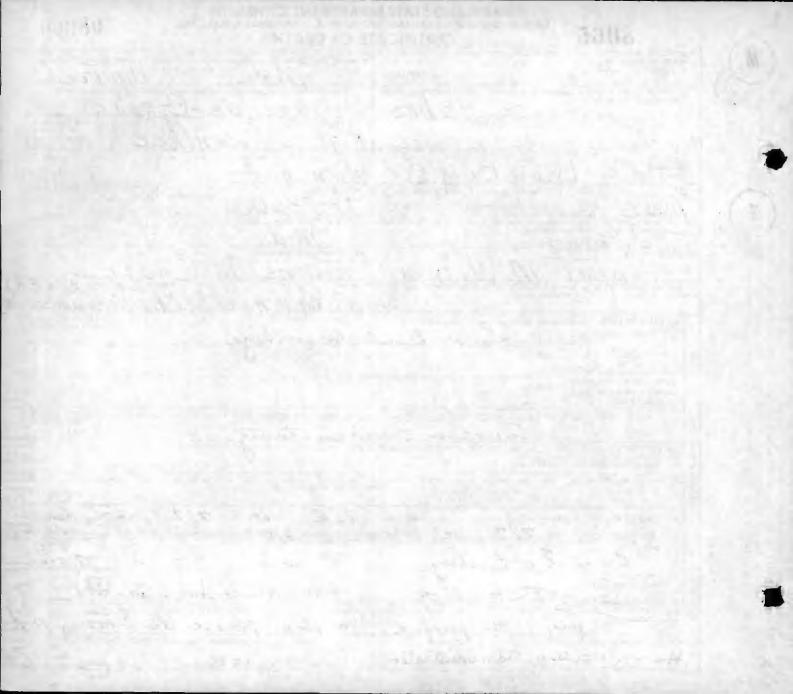
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08061

by the funeral director, nd 2 should be filed with

Then please remave carban papers. Pages 1 a

	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	Thought and Card
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Aux au Bracl Class Person William Person W
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES NO
7	
	NAME OF DECEASED (Type or print) / Rain A HARABET Wychgam DEATH JULY 1960
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your Star IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED Dec. 5, 1905
10c	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home Waryland 12. CITIZEN OF WHAT COUNTRY? Maryland USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home Maryland
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
do	Thomas M. Chamber AIN ANNAbelle Campbell
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY 200 or doles of service) 220-22-0865. William Wychgram, Perryville, Md.
	18. CAUSE Of DEATH [Enter only one couse per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLOR OF OCCUPATION - ONSET AND DEATH
	1 DUE TO COLOR OF THE TO
	Conditions if any, which) is fly to be to
	gove rise to immediate
	lying couse lost: Compared to the under Compared to the course lost Compared to the cours
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CAT	Pulmonory Tuberculous - 20 yrs ago Oax PERFORMED?
CERTIF	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port () of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICA	Haur a. m. While Nat while factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceosed from 1960 to 1960 to 1960 that (I) (we) last
	sow the deceased alive on - ULY 1960, and that death accorded of 15 M, from the causes and on the date stated above.
	220. SIGNATURE / 22b. DATE
	Clarano Med M.D. ATTENDING MED. BTAFF DIRECTOR DIRECTOR PHYS. DIRECTOR DIRE
	22c. PHYSICIAN'S NAME (Type) Clarence I. Benson 22d. ADDRESS The Dit Mid
230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town, or country) REMOVAL (Specify) 7-0-10 60 A Shirv Cemetery Port Deposit, Md. Rural
I	REMOVAL Specify) 7-9-19 60 Asbury Cemetery Port Deposit, Md. Rural
1	ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	le a Pafferson & Son Perryville, Md. DATE JUL 11'60 and S. Kins

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be prined by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I the State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO FUNE VR A15 (4) 15M 9/59

